ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

Date: 27-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1981-5875732-2
Card Holder's Name: MUHAMMAD khurram AZIZ ABDUL AZIZ Age: 44Y - 3M - 12D Sex: Male
Card Holder's Tel No: Mobile No: 0521678612
Ins Card No: I005-010-119448912-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 36.6 B.P. 111 Pulse. 75
Signs & Symptoms: fall of risk
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J30.9 - Allergic rhinitis, unspecified, J33.9 - Nasal polyp, unspecified, J34.2 - Deviated nasal septum, R09.81 - Nasal congestion, R06.2 - Wheezing

Management plan (Services inside the clinic including injections and investigations)

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the above-mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, c medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 27-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5	0.0000
(MOMETASONE FUROATE : 50 MCG) NASAL SPRAY PUMP	NASAL SPRAY PUMP (120 DOSE, METERED DOSE INHALER)	7	1	0.0000
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	7	0.0000
(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	3	6	0.0000