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: 28-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1983-7195085-2
Card Holder's Name: NAWROZ ALI MOHAMMAD AKBER Age:40Y - 3M - 27D Sex:Male
Card Holder's Tel No: Mobile No: 552691108
Ins Card No: I019-010-113228129-02 Valid Upto: 30/11/2025
Company Name: FMC Standard Network Employee No: _____ Nationality:Pakistani

Clinical Details: Temp36.9 B.P.137 Pulse. 113
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J45.991 - Cough variant asthma, R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn, R06.2 - Wheezing, E78.5 - Hyperlipidemia, unspecified

Management plan (Services inside the clinic including injections and investigations)
94640, AIRWAY INHALATION TREATMENT , Co.Pay,0006-402803-2071, VENTOLIN NEBULES , Pharmacy,9, Consultation Gp , General Consultation,82465, ASSAY BLD/SERUM CHOLESTEROL , Lab,84478, ASSAY OF TRIGLYCERIDES , Lab

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, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 28-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	2	4	0.0000
(BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	7	1	0.0000
(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	7	7	0.0000