



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: 29-Apr-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2006-5743947-5
Card Holder's Name: ALYA ZAHIRA Age: 18Y - 7M - 17D Sex: Female
Card Holder's Tel No: Mobile No: 0553544604
Ins Card No: I005-010-121780493-01 Valid Upto: 30/9/2025
Company FMC Standard Employee
Name: Network No: Nationality: Indonesian



Clinical Details: Temp 37.2 B.P. 116 Pulse. 88
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
Diagnosis: J03.90 - Acute tonsillitis, unspecified, R52 - Pain, unspecified, E86.0 - Dehydration, R07.0 - Pain in throat

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

85027, COMPLETE CBC AUTOMATED , Lab, 0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 96360, HYDRATION IV INFUSION , Co.Pay, 0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 0005-149902-1021, CLOFEN , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: Dr. Farhan Ilyas

signature with seal:

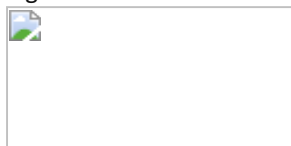
Dr. Farhan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

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 person who has provided medical services to me to furnish any and all information with regard to any medical history, medical conditions, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 29-Apr-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	5	1
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	3	3
(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	5