

ANNEXURE V

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: 03-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-8385436-1 Card Holder's Name: MUHAMMAD ISLAM KHAN DAD Age: 30Y - 1M - 19D Sex: Male

Card Holder's Tel No: Mobile No: 0556629295

1005-010-119843963-01 Ins Card No: Valid Upto: 30/9/2025

FMC Standard Company **Employee** _Nationality:Pakistani Name: Network No:



Clinical Details:	Temp36.6	B.P.140	Pulse. 88
cillical Details.	16111p30.0	D.P.140	Puise. oo

Signs & Symptoms: risk of fall

Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follow up

Diagnosis: J03.90 - Acute tonsillitis, unspecified, R50.9 - Fever, unspecified, R52 - Pain, unspecified, R05 - Cough, J02.9 - Acute pha

unspecified

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

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJE: Pharmacy,0195-107704-0802, CEFTRIAXONE-TABUK IM, Pharmacy,85027, COMPLETE CBC AUTOMATED, Lab,96372, THER/PROPI INJ SC/IM, Co.Pay,9, Consultation Gp, General Consultation

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

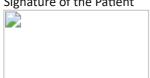
Doctor's Name: DR Amaizah signature with seal:

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

Signature of the Patient

Date 03-May-2025



Pharmaceuticals (to be filled by treating doctor only)

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Medicine	Dose	Duration	Quantity
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5
(PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	3	6
(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (SUGAR FREE) (120ML, GLASS	7	1

Medicine	Dose	Duration	Quantity
(SUGAR FREE)	BOTTLE)		