

**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: 07-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1991-8429417-3
 Card Holder's Name: LOUISA FIONA NGULU Age: 33Y - 4M - 6D Sex: Female
 Card Holder's Tel No: Mobile No: 562923771
 Ins Card No: I005-010-120643115-01 Valid Upto: 30/9/2025
 Company Name: FMC Standard Network Employee No: Nationality: Kenyan



Clinical Details: Temp 40.2 B.P. 110 Pulse: 100
 Signs & Symptoms: RISK FOR FALL
 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
 Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified, R52 - Pain, unspecified, R05 - Cough

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

85027, COMPLETE CBC AUTOMATED , Lab, 0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy, 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation, 96365, IV INFUSION THERAPY/PROPHYLAX INFUSION ADD-ON , 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, or medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 07-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	7	14	0.0000
(PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	3	6	0.0000
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	7	1	0.0000