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: 09-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1979-5906474-8
Card Holder's Name: Janeer Shamsudeen Mohammed Kunju Lebba Age: 46Y - 0M - 28D Sex: Male
Card Holder's Tel No: Mobile No: 0503052273
Ins Card No: I005-010-114663190-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36.8 B.P. 140 Pulse. 78
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J45.991 - Cough variant asthma, R06.2 - Wheezing, R50.9 - Fever, unspecified, E78.5 - Hyperlipidemia, unspecified

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

94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT , Pharmacy,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION , Pharmacy,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,85027, COMPLETE CBC AUTOMATED , Lab,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Consultation Gp , General Con

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 09-May-2025

5/9/2025 2:56:05 PM

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
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	7	14	0.0000
(AMBROXOL : 15 MG/5ML) SYRUP	SYRUP (100ML, GLASS BOTTLE)	7	1	0.0000
(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	2	2	0.0000
(ROSUVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER (CALENDAR PACK))	30	30	0.0000