Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: MUHAMMAD HASEEB ASHFAQ ASHFAQ AHMAD SHAHZAD	**Service Date**	:15-May-2025
Card No	: I022-029-121571465-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC
Policy Holder	: MUHAMMAD HASEEB ASHFAQ ASHFAQ AHMAD SHAHZAD	**Doctor's Name**	:DR Amaizah
Payer Name	: TAKAFUL EMARAT	**Co-Insurance**	:
TPA	: E CARE - Blue Network	**Remarks**	:
Validity	: 26-10-2024 To 25-10-2025		
Gender	: Male		
Date Of Birth	: 30-Sep-2008		
Patient's Tel No	: 0551080254		

Network : Green

Direct Access SP - YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : pc : sore thraot , cough whic is dry , bodypain , headache , and lethargic , started 14/05/25 low grade fever o/e : look pale , and lethargic , hyperemic pharynx ' tonsils are swolen **Duration:**

Vitals: Temp : 36.9 Bp :118 Pulse :88 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R50.9 - Fever, unspecified,R52 - Pain, unspecified,E86.0 - Dehydration,R05 - Cough,R51.9 - Headache, unspecified, **Date of Onset** :15/51/2025

Requested Investigations: 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-111805-1021, CHLOROHISTOL 10MG,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0439-152905-1001, LACTATED RINGERS INJECTION USP,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

Prescriptions: 6705-602505-3801 - (HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION,2027-560101-0391 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS, **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

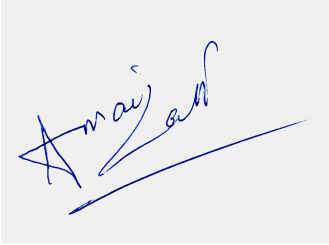
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

Dr's Name : DR Amaizah

Stamp :

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

Signature :



Date : 15-May-2025

PATIENT'S DECLARATION :

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Patient 's signature{Parent : if minor}

Date : 15-May-2025