

**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 formDate: **17-May-2025**Clinic Name: **CITICARE MEDICAL CENTER LLC**Emirates: **784-1992-4073736-3**Card Holder's Name: **AZHAR ALI MUBARAK ALI**Age: **32Y - 7M - 26D** Sex: **Male**

Card Holder's Tel No:

Mobile No:

0567522074Ins Card No: **I019-010-120440513-01**Valid Upto: **5/5/2026**Company **FMC Standard**

Employee

Name: **Network**

No:

Nationality: **Pakistani**

Clinical Details:

Temp **39.3**B.P. **150**Pulse. **86**

Signs & Symptoms:

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: **J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified, R09.81 - Nasal congestion, R52 - Pain, unspecified**

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

85027, COMPLETE CBC AUTOMATED , Lab,86768, SALMONELLA ANTIBODY , Lab,2190-106618-1001, PARAFUSIV I.V. 10MG/ML- (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: **Dr.Farhan Iyas**

signature with seal:

Dr .Frahna 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 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 **17-May-2025**

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(PHENYLEPHRINE (SYSTEMIC) : N/A) (CAFFEINE : N/A) (PARACETAMOL : N/A) CAPLETS	CAPLETS (24S, BLISTER PACK)	5	15	0.0000
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000