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: 27-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1978-3713980-3
Card Holder's Name: MUNAWARAH HUSIN Age: 46Y - 8M - 29D Sex: Female
Card Holder's Tel No: Mobile No: 0527196169
Ins Card No: I019-010-117575023-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Indonesian

Clinical Details: Temp36.6 B.P.124 Pulse. 72
Signs & Symptoms: Risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J45.991 - Cough variant asthma, R51.9 - Headache, unspecified, E86.0 - Dehydration, J30.9 - Allergic rhinitis, unspecified, R42 - Dizziness and giddiness

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

0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,85027, COMPLETE CBC AUTOMATED , Lab,94640, AIRWAY INHALATION TREATMENT , Co.Pay,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION , Pharmacy,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , 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 27-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(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 (120ML, BOTTLE)	7	1	0.0000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5	0.0000
(EMBLICA OFFICINALIS : 10 MG) (ZINGIBER OFFICINALE EXTRACT : 10 MG) (GLYCYRRHIZA GLABRA : 15 MG) (MENTHOL : 7 MG) LOZENGES	LOZENGES (24S, BLISTER)	3	6	0.0000