



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

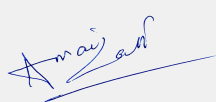
Medical Expenses Claim form

Date: 28-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2002-8814662-2
 Card Holder's Name: MDMAHMUDUL ALAM Age: 22Y - 10M - 2D Sex: Male
 Card Holder's Tel No: Mobile No: 0561842490
 Ins Card No: I019-010-122666730-01 Valid Upto: 7/6/2025
 Company FMC Standard Employee
 Name: Network No: Nationality: Bangladeshi



Clinical Details:	Temp 37.2	B.P. 138	Pulse. 102
Signs & Symptoms:			
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis: J03.90 - Acute tonsillitis, unspecified, R50.9 - Fever, unspecified, J30.9 - Allergic rhinitis, unspecified, R06.2 - Wheezing, R52 - Pain, unspecified			

Management plan (Services inside the clinic including injections and investigations)	
85027, COMPLETE CBC AUTOMATED , Lab,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , 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 28-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 (50S, BLISTER)	3	6	0.0000
(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	5	1	0.0000