

## ANNEXURE V

## **FMCNETWORKUAE**

P. O. BOX: 50430, DUBAI, **Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691** 

Medical Expenses Claim form

Date: 29-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC
Card Holder's NI KADEK PURNAMAYANTI

Name: DEWI

Card Holder's Tel No: Mobile No: Ins Card No: 1005-010-118993851-01

Company FMC Standard Employee Name: Network No:

Emirates: 784-1998-6546080-4 Age: 26Y - 10M - Sex:Female

971566442706 Valid Upto: 30/9/2025

\_\_Nationality:Indonesian



Clinical Details:	Temp <mark>37.1</mark>	B.P.123	Pulse. <mark>72</mark>				
Signs & Symptoms: RISK OF FA	LL						
Date of Onset Illness :		○ Emergency ○ Wo	ork related O New visit O Follow up visit				
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R05 - Cough, R51.9 - Headache, unspecified, R53.1 - Weakness							

Management plan (Services inside the clinic including injections and investigations)	
85027, COMPLETE CBC AUTOMATED , Lab,9, Consultation Gp , General Consultation,0188-135906-2441, PUL	MICORT , Pharmacy
Contradere	Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E

signature with seal:

Diagnostic Procedures referred outside:

Doctor's Name: Dr.Farhan Iyas

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 29-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	5	1	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