



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

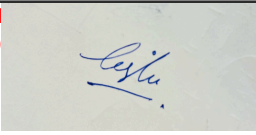
Medical Expenses Claim form

Date: 10-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-2299080-6
Card Holder's Name: ADNAN YAQOOB Age: 30Y - 11M - 6D Sex: Male
Card Holder's Tel No: Mobile No: 0566465723
Ins Card No: I019-010-118915814-02 Valid Upto: 7/6/2026
Company: FMC Standard Employee No: Nationality: Pakistani
Name: Network



Clinical Details:	Temp 37.8	B.P. 124	Pulse. 110
Signs & Symptoms:			
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis:	J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unspecified, R05 - Cough, E86.0 - Dehydration, J30.89 - Other allergic rhinitis, R06.2 - Wheezing		

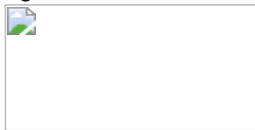
Management plan (Services inside the clinic including injections and investigations)	
85025, COMPLETE CBC W/AUTO DIFF WBC , Lab, 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 0005-149902-1021, CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy, 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM Co.Pay, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay, 94640, AIRWAY INHALATION Consultation, 0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy	
Doctor's Name: AISHA	signature with seal: 

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
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 10-Jun-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	15	0.0000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	6	0.0000
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER PACK)	5	10	0.0000
(BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	5	10	0.0000