

**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

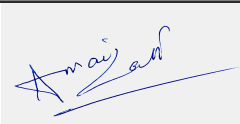
Medical Expenses Claim form

Date: 13-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1991-8981152-6
Card Holder's Name: SHYMON JOHN JOHN MATHEW Age: 34Y - 2M - 26D Sex: Male
Card Holder's Tel No: Mobile No: 0562156177
Ins Card No: I019-010-118001770-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian



Clinical Details:	Temp 36.6	B.P. 146	Pulse. 84
Signs & Symptoms:	Risk of Fall		
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R52 - Pain, unspecified, R50.9 - Fever, unspecified, R06.2 - Wheezing, R05 - Cough			

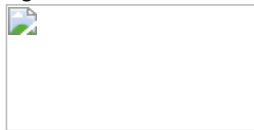
Management plan (Services inside the clinic including injections and investigations)	
0195-107704-0802, CEFTRIAZONE-TABUK IM , Pharmacy, 85027, COMPLETE CBC AUTOMATED , Lab, 96372, THER/PROPH/DIAG INJ SC/IM , Co. Pay, 9, Consultation Gp , General Consultation	
Doctor's Name: DR Amaizah	signature with 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 13-Jun-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, 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
(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
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (200S, BLISTER PACK)	3	3	0.0000