

**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-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1999-4683875-4

Card Holder's Name: BIJAN KHATRI LALITH BAHADUR

Age: 26Y - 1M -

Sex: Male

Name: KHATRI

12D

Card Holder's Tel No:

Mobile No:

0545991436

Ins Card No: I005-010-122698783-01

Valid Upto: 30/9/2025

Company Name: FMC Standard

Employee

Name: Network

No:

Nationality: Nepalese



Clinical Details:

Temp 36

B.P. 146

Pulse: 80

Signs & Symptoms: RISK OF FALL

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: J03.90 - Acute tonsillitis, unspecified, J30.9 - Allergic rhinitis, unspecified, R06.2 - Wheezing, R05 - Cough

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

85027, COMPLETE CBC AUTOMATED , Lab, 94640, AIRWAY INHALATION TREATMENT , Co. Pay, 0006-402803-2071, VENTOLIN NEBULES , Pharmacy, 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 27-Jun-2025

6/27/2025 12:19:22 PM

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5	0.0000
(XYLOMETAZOLINE HCL (MENTHOL) : 0.1%) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE)	3	1	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
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	5	1	0.0000