

## 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-Jun-2025

Date of Onset Illness:

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1992-9529584-6 Card Holder's Name: VIVIAN MVUDUDU Age: 33Y - 3M - 3D Sex: Female

Card Holder's Tel No: Mobile No: 0523941528 Ins Card No: 1019-010-121177969-02 Valid Upto: 7/6/2026



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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,94640, AIRWAY INHALATION TREATMENT , Co.Pay,85027, COMPLETE CBC AUTOMATED , Lab,0006-402803-2071, VENTOLIN NEBULES , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,0125-122107-1022, DEXAMETHASONE

Diagnosis: J03.90 - Acute tonsillitis, unspecified, R50.9 - Fever, unspecified, R06.2 - Wheezing, R05 - Cough, R51.9 - Headache, unspecified

SODIUM PHOSPHATE , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9,

signature with seal:

○ Emergency ○ Work related ○ New visit ○ Follow up visit

Dr. Amaizah Ishtiag General Practitioner DHA: 98486553-001 CITICARE MEDICAL CENTER DUBAI - U.A.E

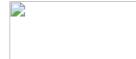
Doctor's Name: DR Amaizah

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 abovementioned 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-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)	5	10	0.0000
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	5	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