FMC® NETWORK UAE
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ANNEXURE V

F M C NETW

P. O. BOX: 50430, DUBAI, **Tel** – (
Email – approval@fmchealthcare.ae

Medical Expenses Claim for

Date: 10-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2002-8814662-2
Card Holder's Name: MDMAHMUDUL ALAM Age: 22Y - 11M - 14D Sex: Mal
Card Holder's Tel No: Mobile No: 0561842490
Ins Card No: I019-010-122666730-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____Nationality:Banglades

Clinical Details: Temp36.1 B.P.107
Signs & Symptoms:
Date of Onset Illness : ○ Emergenc
Diagnosis: J02.9 - Acute pharyngitis, unspecified, J30.9 - Allergic rhinitis, unspecifie
- Weakness, R51.9 - Headache, unspecified, J06.9 - Acute upper respiratory infectio

Management plan (Services inside the clinic including injections and investigation

0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,96372, THER/PROPH/DIAG I
RINGERS INJECTION USP , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /D
AUTOMATED , Lab,0188-135906-2441, PULMICORT , Pharmacy,9, Consultation Gp ,
INIT , Co.Pay,94640, AIRWAY INHALATION TREATMENT , Co.Pay

Doctor's Name: Dr.Farhan Iyas signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical se
mentioned examination/Investigation/therapy is given to me by the doctor. I hereby
person who has provided medical services to me to furnish any and all information
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 10-Jul-2025

7/10/2025 2:30:22 AM

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose
(LORATADINE : 10 MG) TABLETS	TABLETS (10
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATE STRIP)
(PARACETAMOL : 600 MG) (PHENYLEPHRINE HCL : 10 MG) ORAL POWDER	ORAL POWD