



F M C NETW

Email – approval@fmchealthcare.ae

Medical Expenses Claim for

Nationality:Banglades

Diagnosis: J02.9 - Acute pharyngitis, unspecified, J30.9 - Allergic rhinitis, unspecified
- Weakness, R51.9 - Headache, unspecified, J06.9 - Acute upper respiratory infection

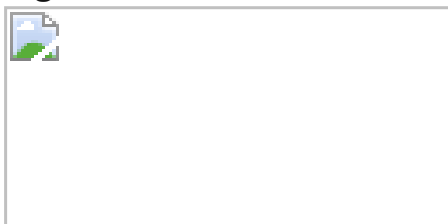
0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,96372, THER/PROPH/DIAG II
RINGERS INJECTION USP , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /C
AUTOMATED , Lab,0188-135906-2441, PULMICORT , Pharmacy,9, Consultation Gp ,
INIT , Co.Pay,94640, AIRWAY INHALATION TREATMENT , Co.Pay

signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services. If the examination/Investigation/therapy is given to me by the doctor. I hereby authorize the person who has provided medical services to me to furnish any and all information regarding my 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 MG)
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED STRIP)
(PARACETAMOL : 600 MG) (PHENYLEPHRINE HCL : 10 MG) ORAL POWDER	ORAL POWDER