

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

Emirates: 784-1993-1396146-0 Age: 31Y - 6M -

0501617649

7/6/2026

27D

Valid Upto:

Date:	11-In	I-2025
Date.	 JU	1 2023

Name:

Clinic Name: CITICARE MEDICAL CENTER LLC Card Holder's

CHRISTINE JOY RONQUILLO

BUAN

Card Holder's Tel No: Mobile No:

Ins Card No: 1019-010-121028772-02 Company **FMC Standard Employee**

Name:

Network No:



Clinical Details:	Temp <mark>38.1</mark>	B.P.120	Pulse. <mark>78</mark>
Signs & Symptoms: RISK C	F FALL		
Date of Onset Illness:		○ Emergency ○ Work related ○ New visit ○ Follow up v	
Diagnosis: J02.9 - Acute pl	naryngitis, unspecified, R50.9 -	Fever, unspecified, R51.9 - Headac	che, unspecified, R52 - Pain, unspecified, R53.1 -
Weakness, R05 - Cough			

Management plan	(Services inside	the clinic including injec	tions and investigations

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,85027, COMPLETE CBC AUTOMATED , Lab,9, Consultation Gp , General Consultation

Contrant Carline

Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E

Doctor's Name: Dr.Farhan Iyas

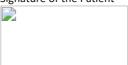
signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical 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 11-Jul-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	1	0.0000
(PARACETAMOL : 600 MG) (PHENYLEPHRINE HCL : 10 MG) ORAL POWDER	ORAL POWDER (10S, SACHET)	5	15	0.0000
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000