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: 19-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-7111669-6
Card Holder's Name: HAMAD ABBASI MUHAMMAD RUKHSAN ABBASI Age: 25Y - 8M - 21D Sex: Male
Card Holder's Tel No: Mobile No: 0569105872
Ins Card No: I019-010-118184565-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp38 B.P.123 Pulse. 85
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: R50.9 - Fever, unspecified, R07.0 - Pain in throat, M79.10 - Myalgia, unspecified site, R51.9 - Headache, unspecified
Shortness of breath

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0125-1221C
DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,0188-135906-
PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM ,
AIRWAY INHALATION TREATMENT , Co.Pay,96365, IV INFUSION THERAPY/PROPHYL IS /DX 1ST TO 1 HR , Co.
General Consultation

Doctor's Name: KEERTHANA signature with seal:

راني باديبورايل ثارا
Dr. Keerthana Rani Padip
General Practi
License No.: 37864
بتيكير الطبي ذم م
CITICARE MEDICAL C

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 19-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	2	6
(LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	3	3
(PREDNISOLONE : 10 MG) DISPERSIBLE TABLETS	DISPERSIBLE TABLETS (15S, BLISTER PACK)	3	6

Medicine	Dose	Duration	Quan
(TRIPROLIDINE HCL : 1.25 MG/5ML) (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	5	75