

**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: Temp 38 B.P. 123 Pulse: 85

Signs & Symptoms: RISK OF FALL

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: R50.9 - Fever, unspecified, R07.0 - Pain in throat, M79.10 - Myalgia, unspecified site, R51.9 - Headache, unspecified Shortness of breath

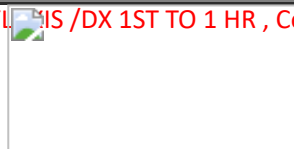
Management plan (Services inside the clinic including injections and investigations)

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/PROPHYLAXIS /DX 1ST TO 1 HR , Co.

General Consultation

Doctor's Name: KEERTHANA

signature with seal:



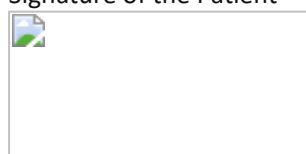
راني كيرثانا راني پادپي
 Dr. Keerthana Rani Padipi
 General Practitioner
 License No.: 37864
 يتكبير الطبي ذم م
 CITICARE MEDICAL C

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, 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	Quantity
(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	Quantity
(TRIPROLIDINE HCL : 1.25 MG/5ML) (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	5	75