

## **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

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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-7111669-6

HAMAD ABBASI MUHAMMAD RUKHSAN Age: 25Y - 8M - ABBASI Card Holder's Sex:Male

Name:

0569105872 Card Holder's Tel No: Mobile No:

1019-010-118184565-02 Ins Card No: Valid Upto: 7/6/2026

Company FMC Standard **Employee** \_Nationality:Pakistani Name: Network No:



Clinical Details:	Temp <mark>37</mark>	B.P. <mark>90</mark>	Pulse. <mark>82</mark>
Signs & Symptoms: RISK (	OF FALL		
Date of Onset Illness :		○ Emergency ○ Wo	ork related O New visit O Follow up visit
Diagnosis: J02.9 - Acute p	haryngitis, unspecified, R50.9	- Fever, unspecified, R05 - Cough, R0	6.2 - Wheezing, R52 - Pain, unspecified, E86.0 -
Dehydration			

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

.0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,2190 106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P. , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH

Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, Pharmacy,96 135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZ

TREATMENT , Co.Pay

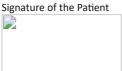
Doctor's Name: AISHA signature with seal:

Dr. Aisha Umer Physician- General Practitioner DHA- 40131439-002 CITICARE MEDICAL CENTER DUBAI - U.A.E

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.

Date 22-Jul-2025



Pharmaceuticals (to be filled by treating doctor only)