



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: 25-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-4242114-3

Card Holder's Name: AQIB JAVED MUHAMMAD JAVED Age: 27Y - 5M - 15D Sex: Male

Card Holder's Tel No: Mobile No: 0544052503

Ins Card No: I005-010-120643114-01 Valid Upto: 30/9/2025

Company FMC Standard Employee Nationality: Pakistani
Name: Network No:



Clinical Details: Temp 37 B.P. 130 Pulse. 85
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unspecified, E86.0 - Dehydration, R52 - Pain, unspecified, R05 - Allergic rhinitis, unspecified

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab, 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) S FOR INFUSION , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 96372, THER/PROPH/DIAG Co.Pay, 0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay, 96: IV INFUSION ADD-ON , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: AISHA

signature with seal:

Dr. Aisha U
Physician- General P
DHA- 40131439
CITICARE MEDICA
DUBAI - U.A

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 25-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	5	10
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	10
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER PACK)	5	10
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	5	10

