



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: 27-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-7111669-6
Card Holder's Name: HAMAD ABBASI MUHAMMAD RUKHSAN Age: 25Y - 8M - 29D 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 Employee No: Nationality: Pakistani



Clinical Details: Temp 36.4 B.P. 110 Pulse: 82
Signs & Symptoms: RISK OF FALL
Date of Onset Illness :
Diagnosis: R05 - Cough, R06.00 - Dyspnea, unspecified
☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

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

0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy, 0125-122107-1022,
DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy, 96372, THER/PROPH/DIAG
INJ SC/IM , Co.Pay, 94640, AIRWAY INHALATION TREATMENT , Co.Pay

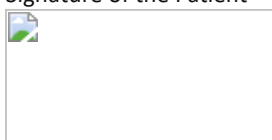
Doctor's Name: KEERTHANA signature with seal: 


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 above-mentioned 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 27-Jul-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(PREDNISOLONE : 20 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	3	1	0.0000
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	75	0.0000