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: 03-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-9316020-6
Card Holder's Name: SOHAIL AHMED QAMAR ZAMAN Age: 31Y - 4M - 19D Sex: Male
Card Holder's Tel No: Mobile No: 0581478524
Ins Card No: I019-010-115341155-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network 3 Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 36.9 B.P. 130 Pulse. 78
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: J30.9 - Allergic rhinitis, unspecified, R50.9 - Fever, unspecified, J06.9 - Acute upper respiratory infection, unspecifie Cough, R51.9 - Headache, unspecified

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

0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PH Pharmacy,94640, PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT , Pharm THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah I
General Practit
DHA: 98486553
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, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 03-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5
(PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	3	3
(IPRATROPIUM BROMIDE MONOHYDRATE : 0.6 MG/ML) (XYLOMETAZOLINE HCL : 0.5 MG/ML) NASAL SPRAY	NASAL SPRAY (10ML, HDPE BOTTLE METERED DOSE SPRAY PUMP)	3	1

Medicine	Dose	Duration	Quan
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, STRIP)	7	14