

**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: FMC Standard Network Employee Name: 3 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 ☐ Follow

Diagnosis: J30.9 - Allergic rhinitis, unspecified, R50.9 - Fever, unspecified, J06.9 - Acute upper respiratory infection, unspecified 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:

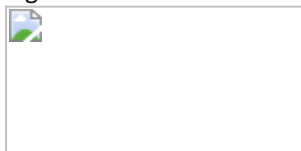
Dr. Amaizah I
 General Practitioner
 DHA: 98486553
 CITICARE MEDICAL
 DUBAI - U.A.E

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 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 03-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

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