

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:	1/	-Al	ıg-₄	2025
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1993-9838369-7 Card Holder's Name: KHIN YU YU KHAING Age: 31Y - 10M - 19D Sex: Female

Card Holder's Tel No: Mobile No: 0542416032
Ins Card No: 1005-010-121409801-02 Valid Upto: 25/11/2025

Company FMC Standard Employee

Name: Network No: Nationality: Myanmarese



Clinical Details:	Temp <mark>37.4</mark>	B.P.110	Pulse. <mark>89</mark>
Signs & Symptoms:			
Date of Onset Illness :		\bigcirc Emergency \bigcirc Wor	k related O New visit O Follov
Diagnosis: J02.9 - Acute ph	aryngitis, unspecified, R50.9 -	- Fever, unspecified, J30.9 - Allergic rh	initis, unspecified, R05 - Cough

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

85027, COMPLETE CBC AUTOMATED , Lab,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTI INFUSION , Pharmacy,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION , Pharmacy,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

trail and

Dr. Amaizah I General Practit Dha: 98486553 Citicare Medical Dubai - U.A

Doctor's Name: DR Amaizah

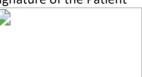
signature with seal:

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 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 medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 17-Aug-2025



Pharmaceuticals (to be filled by treating doctor only)

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Medicine	Dose	Duration	Quan				
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, STRIP)	5	5				
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	3	6				
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	5	1				

Medicine	Dose	Duration	Quan
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	3