



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: 17-Aug-2025

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: I005-010-121409801-02

Valid Upto: 25/11/2025

Company FMC Standard

Employee

Name: Network

No:

Nationality: Myanmar



Clinical Details:

Temp 37.4

B.P. 110

Pulse. 89

Signs & Symptoms:

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unspecified, J30.9 - Allergic rhinitis, 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) SOLUTION 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

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 17-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

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