

M C NETWORK UAE

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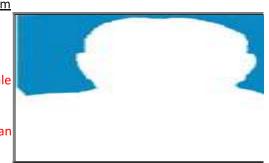
Medical Expenses Claim form

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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-8214072-2 Card Holder's Name: ANTONY VALENTH FERNANDES Age: 23Y - 6M - 13D Sex: Male

Card Holder's Tel No: Mobile No: 0522185972
Ins Card No: 1019-010-118372807-01 Valid Upto: 7/6/2025

Company Name: FMC Standard Network Employee No: ______Nationality: Indian



Clinical Details:	Temp <mark>37.7</mark>	B.P. <mark>121</mark>	Pulse. <mark>85</mark>				
Signs & Symptoms: risk	for fall						
Date of Onset Illness :		○ Emergency ○ Wo	ork related O New visit O Follow up				
Diagnosis: R50.9 - Fever, unspecified, J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, J30.9 - Allergic rhinitis,							
unspecified, R52 - Pain,	unspecified						

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) SOLUTION FOR INFUSION, Pharmacy,0195-107704-04 CEFTRIAXONE-TABUK IV, Pharmacy,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR, Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM, Co.Pay,963

THER/PROPH/DIAG INJ IV PUSH, Co.Pay, 9, Consultation Gp, General Consultation

Han/ Pira

Dr. Humaira Mumta General Practitioner DHA No: 54155530-00: CITICARE MEDICAL CENTE DUBAI - U.A.E.

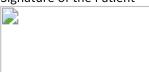
Doctor's Name: Humaira signature with seal:

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 abore mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 30-Jun-2024



Pharmaceuticals (to be filled by treating doctor only)

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

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14
(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	1	2