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: 15-Jul-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-5628131-8
Card Holder's Name: SHARAD TYAGI MAHESH TYAGI Age: 25Y - 11M - 3D Sex: Male
Card Holder's Tel No: Mobile No: 0508206740
Ins Card No: I019-010-118962307-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp37.1 B.P.122 Pulse. 89
Signs & Symptoms: risk for fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: R50.9 - Fever, unspecified, R05 - Cough, J00 - Acute nasopharyngitis [common cold], J06.9 - Acute upper respiratory i unspecified, J34.9 - Unspecified disorder of nose and nasal sinuses

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

9, Consultation Gp , General Consultation,0095-107701-0802, (CEFTRIAXONE : 1000 MG) POWDER FOR INJECTION , Pharmacy, 1001, (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST Co.Pay

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodl
General Practiti
DHA No: 280408
CITICARE MEDICAL C
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 ab mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy c person who has provided medical services to me to furnish any and all information with regard to any medical history, medical c medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 15-Jul-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(DEXPANTHENOL : 50 MG/ML) (XYLOMETAZOLINE HYDROCHLORIDE : 0.5 MG/ML) NASAL SPRAY	NASAL SPRAY (10ML, SPRAY BOTTLE)	5	10
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	5	10

Medicine	Dose	Duration	Quant
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10
CETIRIZINE HCL	Tablet	5	5
(ADHATODA VASICA : 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM) : 90MG/10ML) (SOLANUM XANTHOCARPUM : 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 52.5 MG/10ML) (HEDYCHIUM SPICATUM : 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 22.5 MG/10ML) (PIPER LONGUM : 22.5 MG/10ML) SYRUP	SYRUP (200ML, BOTTLE)	5	1