

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:		

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-6880506-4
Card Holder's Name: NARENDRA KISAN Age: 27Y - 9M - 4D Sex: Male

Card Holder's Tel No: Mobile No: 0529525714

Ins Card No: 1019-010-120464362-01 Valid Upto: 7/6/2025

Company FMC Standard Employee

Name: Network No: Nationality:Nepalese



Clinical Details:	Temp <mark>36.8</mark>	B.P. <mark>116</mark>	Pulse. <mark>62</mark>
Signs & Symptoms: risk of fall			
Date of Onset Illness :		O Emergency O Wor	rk related O New visit O Follov

Diagnosis: R50.9 - Fever, unspecified, L03.039 - Cellulitis of unspecified toe

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR ,
Co.Pay,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER,

INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Han/Pro

Dr. Humaira M General Practiti DHA No: 541555 CITICARE MEDICAL C DUBAI - U.A.

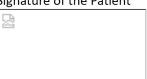
Doctor's Name: Humaira signature with seal:

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 amentioned 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 16-Aug-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CEFIXIME : 400 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	7	7

1 of 2 8/16/2024, 10:55 AM

Medicine	Dose	Duration	Quant
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14
(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	5	15

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