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

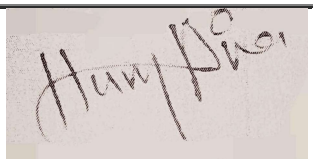
Date: 20-Aug-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1986-0428269-3
Card Holder's Name: HARISH CHATHANAIPARAMBIL SHAHULHAMEED Age: 38Y - 4M - 3D Sex:Male
Card Holder's Tel No: Mobile No: 056596087
Ins Card No: I017-010-120911441-01 Valid Upto: 9/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.8 B.P.120 Pulse. 74
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: R50.9 - Fever, unspecified, J06.9 - Acute upper respiratory infection, unspecified, J30.9 - Allergic rhinitis, unspecified

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

9, Consultation Gp , General Consultation,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULI
Pharmacy,94640, AIRWAY INHALATION TREATMENT , Co.Pay,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,96365, IV IN
THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay

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 abo
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 co
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 20-Aug-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG)	TABLETS (14S, BLISTER PACK)	7	7

Medicine	Dose	Duration	Quantity
TABLETS			
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12