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: 25-Aug-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1990-2831871-7
Card Holder's Name: AMAR BAHADUR THAPA DAL BAHADUR THAPA Age: 34Y - 2M - 2D Sex: Male
Card Holder's Tel No: Mobile No: 0524395804
Ins Card No: I019-010-118066536-01 Valid Upto: 25/7/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Nepalese

Clinical Details: Temp 37.1 B.P. 134 Pulse. 73
Signs & Symptoms: risk for fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J00 - Acute nasopharyngitis [common cold], R10.13 - Epigastric p
Cough, R51.9 - Headache, unspecified

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

9, Consultation Gp , General Consultation,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION
INFUSION , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FO
INJECTION , Pharmacy,0005-174202-0781, RISEK 40MG , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR
Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0195-107704-0801, CEFTRIA

Doctor's Name: AHSAN HUSSAIN 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 25-Aug-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
CETIRIZINE HCL	Tablet	5	5

Medicine	Dose	Duration	Quantity
(CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET	CAPLET-TABLET (30S, BLISTER)	7	14
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(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)	7	21