

**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: 05-Sep-2024

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1996-3269295-2

Card Holder's Name: PRIYANKA RAWAT DARBAN

Age: 28Y - 6M -

Sex: Female

Name: SINGH

Age: 26D

Card Holder's Tel No:

Mobile No:

0561479268

Ins Card No: I019-010-117392367-01

Valid Upto: 7/6/2025

Company Name: FMC Standard Network Employee No: _____ Nationality: Indian



Clinical Details:

Temp 36.5

B.P. 107

Pulse. 77

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], R51.9 - Headache, unspecified, R10.13 - Epigastric pain

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

9, Consultation Gp , General Consultation, 94640, AIRWAY INHALATION TREATMENT , Co.Pay, 0188-135906-2441, PULMICORT-(BUI : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy

Dr. Ahsan Hussain
 General Practitioner
 DHA No: 87543658-001
 CITICARE MEDICAL CENTER
 DUBAI - U.A.E.

Doctor's Name: AHSAN HUSSAIN

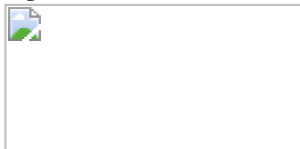
signature with seal:

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 above 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 condition, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 05-Sep-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
CETIRIZINE HCL	Tablet	5	5

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