

ANNEXURE V

C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel - 04 3871900, Fax - 04 3977842 Email - approval@fmchealthcare.ae Helpline Number: 600-565691

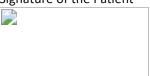
iviedicai	<u>Expenses</u>	Claim	<u>torm</u>
	•		

Date: <mark>07-Nov-</mark> Clinic Name: Card Holder's Name: Card Holder's	CITICARE MEDICA S JAMAN HOS MOLLA	AL CENTER LLC EI SSAN NUR MOHAMM Mobile No:	mirates: 784-1996-6543 IAD Age: 28Y - 0M - 3D 0543433744	3997-4 Sex:Male		
Ins Card No: Company Name:	IO19-010-120 FMC Standard Network		Valid Upto: 7/6/:Nationality:Ba			
Clinical Detail	ls:	Temp36.7	B.P.11	.0	Puls	e. 88
_		•	○ En unspecified, J30.9 - Alle		O Work related O Ness, unspecified, R50.9 -	•
Manageme	nt plan (Services i	nside the clinic includ	ling injections and inves	tigations)		
INJECTION , P	harmacy,96365, I	V INFUSION THERAPY	nacy,0005-149902-1021, //PROPHYLAXIS /DX 1ST DE : 0.5 MG/ML) SUSPEN	TO 1 HR , C	Co.Pay,96372, THER/PF	ROPH/DIAG INJ SC/IN
		<u> </u>	p , General Consultation		Jun Dro.	Dr. Humaira Mumta General Practitioner DHA No: 5415530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.
Doctor's Na	me: Humaira		signature with	n seal:	Section 1	
Diagnostic Pro	ocedures 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 abor 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 cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 07-Nov-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

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	7
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12
(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	1
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER)	7	14