

## 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: 08-Nov-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-8340056-0 Card Holder's Name: SAWARAN CHAND Age: 28Y - 3M - 7D Sex: Female Card Holder's Tel No: 0589522956 971589522956 Mobile No: 1005-010-117490735-01 Ins Card No: Valid Upto: 30/9/2025 Company Name: FMC Standard Network Employee No: \_\_\_\_\_ Nationality: Indian



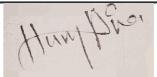
Clinical Details: Temp36.8 B.P.88 Pulse. 92
Signs & Symptoms: RISK FOR FALL

Date of Onset Illness: Emergency Owork related New visit Follov Diagnosis: N39.0 - Urinary tract infection, site not specified, R50.9 - Fever, unspecified, R10.30 - Lower abdominal pain, unspe

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

0002-116601-1001, (METRONIDAZOLE: 500 MG/100ML) SOLUTION FOR INFUSION, Pharmacy,0102-100104-1001, SODIUM (DEXTROSE B.P., Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS/DX 1ST TO 1 HR, Co.Pay,96360, HYDRATION IV INFUS Co.Pay,9, Consultation Gp, General Consultation

Doctor's Name: Humaira signature with seal:



General Practit DHA No: 541555 CITICARE MEDICAL ( DUBAI - U.A

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 mentioned 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 08-Nov-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CIPROFLOXACIN (AS HYDROCHLORIDE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER	7	7
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	14
(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (10 X 4.25G, SACHET)	7	21

Medicine	Dose	Duration	Quan
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	3	6