

**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: 09-Nov-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-2750969-7

Card Holder's Name: MAHESH RIJAL BINOD KUMAR RIJAL Age: 25Y - 1M - 2D Sex: Male

Card Holder's Tel No: Mobile No: 0564673569

Ins Card No: I005-010-117246737-01 Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: Nationality: Nepalese



Clinical Details: Temp 36.6 B.P. 128 Pulse. 102

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness : Emergency Work related New visit Follow up

Diagnosis: S81.832A - Puncture wound w/o foreign body, left lower leg, init enentr, M79.672 - Pain in left foot

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

0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy, 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETA
 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR ,
 Co.Pay, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: AHSAN HUSSAIN

signature with seal:

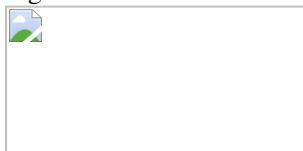
Dr. Ahsan Hus
 General Practitio
 DHA No: 8754365
 CITICARE MEDICAL C
 DUBAI - U.A.E.

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 09-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	7	14

