ANNEXURE V

F M C NETW

P. O. BOX: 50430, DUBAI, **Tel** – (
Email – approval@fmchealthcare.ae

Medical Expenses Claim for

Date: 14-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1989-8206583-5
Card Holder's Name: MIZNAY VERNELL DENNIS Age: 34Y - 11M - 23D Sex: Femal
Card Holder's Tel No: Mobile No: 0504620893
Ins Card No: I038-010-114643765-01 Valid Upto: 13/2/2025
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: South African

Clinical Details: Temp37.5 B.P.150
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergenc
Diagnosis: J02.9 - Acute pharyngitis, unspecified, J01.00 - Acute maxillary sinusitis, u
Fever, unspecified

Management plan (Services inside the clinic including injections and investigation

9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical se
mentioned examination/Investigation/therapy is given to me by the doctor. I hereby
person who has provided medical services to me to furnish any and all information
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 14-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose
(MOMETASONE FUROATE (AS MONOHYDRATE : 50 MCG/DOSE NASAL SPRAY	NASAL S PUMP S
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM CO BLISTER
(DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS	FILM CO BLISTER
(POVIDONE IODINE : 0.45%) SPRAY SOLUTION	SPRAY S BOTTLE)