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: 17-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-3269295-2
Card Holder's Name: PRIYANKA RAWAT DARBAN SINGH Age: 28Y - 9M - 7D Sex: Female
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 36.6 B.P. 110 Pulse. 88
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: L23.89 - Allergic contact dermatitis due to other agents, C84.09 - Mycosis fungoides, extranodal and solid organ sites, L Dermatitis, unspecified, R21 - Rash and other nonspecific skin eruption, S80.822A - Blister (nonthermal), left lower leg, initial enc R50.9 - Fever, unspecified

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

0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: AHSAN HUSSAIN signature with seal:

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
CITICARE MEDICAL CENTER
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 abo 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 co medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 17-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)	10	10

Medicine	Dose	Duration	Quantity
(CLOBETASOL PROPIONATE : 0.5 MG/G) CREAM	CREAM (30G, COLLAPSIBLE TUBE)	14	1
(AZITHROMYCIN : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER PACK	7	7