

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: 23-Nov-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-6155272-9

Card Holder's SUMANTA DAMAI BILASH

Name: **DAMAI**

Card Holder's Tel No:

Ins Card No: 1019-010-121177968-01

Company Name: FMC Standard Network Employee No: _

Age: 26Y - 10M - 25D Sex:Female

0585818611

Valid Upto: 7/6/2025

Nationality: Indian



Clinical Details: Temp38 B.P.100 Pulse. 86 Signs & Symptoms: risk of fall Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follov Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J20.9 - Acute bronchitis, unspecified, R50.9 - Fever, unspecifi Gastro-esophageal reflux disease without esophagitis, R11.2 - Nausea with vomiting, unspecified, E86.0 - Dehydration

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

Mobile No:

0095-107701-0801, (CEFTRIAXONE: 1000 MG) POWDER FOR INJECTION, Pharmacy, 2190-106618-1001, PARAFUSIV I.V. 10MG (PARACETAMOL: 10 MG/ML) SOLUTION FOR INFUSION, Pharmacy,0265-150403-1021, (METOCLOPRAMIDE: 10 MG/2ML) SC INJECTION, Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, Pharmacy,0005-136504-1021, SCOPINAL

Pharmacy,0188-135906-2441, PULMICORT, Pharmacy,94640, AIRWAY INHALATIO GLUCOSE, Lab,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P., Pharma TO 1 HR , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96360, HYDRATION Consultation

Doctor's Name: AHSAN HUSSAIN signature with seal:



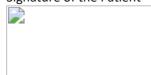
Dr. Ahsan Hus **General Practitio** DHA No: 8754365 CITICARE MEDICAL CE DUBAI - U.A

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, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 23-Nov-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14

Medicine	Dose	Duration	Quan
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP	SYRUP (200ML, BOTTLE	7	1
(ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	7	7