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

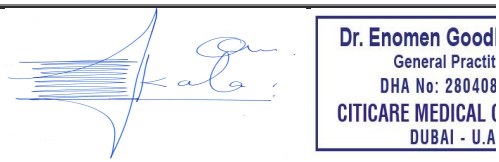
Date: 23-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-6782452-0
Card Holder's Name: Anjali Age: 28Y - 3M - 5D Sex: Female
Card Holder's Tel No: Mobile No: 0523272340
Ins Card No: I019-010-121356830-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.4 B.P.110 Pulse. 76
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: S91.311A - Laceration without foreign body, right foot, init encntr, R52 - Pain, unspecified

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

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 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	Quant
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20
(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER	5	15
(FUSIDIC ACID : 2%) OINTMENT	OINTMENT (15G, TUBE)	14	1