

ANNEXURE V I 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: 26-Nov-2024 Clinic Name: CITICARE MEDICAL CENTER LLC Card Holder's Name: KENNEDY CHANZU ADA Card Holder's Tel No: Mobile Ins Card No: 1005-010-120574855-01 Company Name: FMC Standard Network Employed	AMBIZA Age: 43Y - 4M - 0D Sex: Male e No: 0501470526 Valid Upto: 30/9/2025	
Clinical Details: Temp36.4	B.P.100	Pulse. <mark>86</mark>
Signs & Symptoms: risk of fall Date of Onset Illness:		○ Work related ○ New visit ○ Follow up
Diagnosis: R21 - Rash and other nonspecific sk	in eruption	
Management plan (Services inside the clinic 9, Consultation Gp , General Consultation		Dr. Humaira Mumt. General Practitioner DHA No: 54155530-01 CITICARE MEDICAL CENTI DUBAI - U.A.E.
Doctor's Name: Humaira	signature with seal:	DUBAI - U.A.E.
Diagnostic Procedures referred outside:		
I hereby authorize the physician, Hospital or p mentioned examination/Investigation/therapy person who has provided medical services to r medical services and copies of all medical and Signature of the Patient Date 26-Nov-2024	is given to me by the doctor. I hereby a me to furnish any and all information wi	uthorize any Clinic, Physician, Pharmacy or

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(BETAMETHASONE : 0.1%) CREAM	CREAM (30G, TUBE)	1	1

Medicine	Dose	Duration	Quantity
(AQUA: 63.13%) (GLYCERIN: 9.92%) (PETROLATUM: 8.99%) (DICAPRYLYL ETHER: 4.99%) (DIMETHICONE: 2.55%) (GLYCERYL STEARATE: 2.4%) (CETYL ALCOHOL: 2%) (HELIANTHUS ANNUUS SEED OIL: 1.8%) (PEG-30 STEARATE: 1.6%) (PANTHENOL: 0.1%) (NIACINAMIDE: 0.1%) (PRUNUS AMYGDALUS: 0.2%) (TOCOPHEROL: 0.001%) (TOCOPHEROL ACETATE: 0.5%) (PANTOLACTONE: 0.001%) (DIMETHICONOL: 0.45%) (ACRYLATES/C10-30 ALKYL ACRYLATE CROSSPOLYMER: 0.4%) (CARBOMER: 0.07%) (POLYETHYLENE GLYCOL: 0.12%) (BHT (BUTYLATED HYDR	CREAM (100G, TUBE)	1	1