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: 26-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-8340056-0
Card Holder's Name: SAWARAN CHAND Age: 28Y - 3M - 25D Sex: Female
Card Holder's Tel No: 971589522956 Mobile No: 0589522956
Ins Card No: I005-010-117490735-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.3 B.P.90 Pulse. 88
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified, R19.7 - Diarrhea, unspecified, R50.9 - Fever, unspecified, R1 Epigastric pain, M25.411 - Effusion, right shoulder

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,0148-116601-1001, (METRONIDAZOLE : 500 MG/100ML) SOLUTION F , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0005-149902-1021, CLOFEN -(DICLOFENAC MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0005-136504-1021, SCOPINAL

Consultation Gp , General Consultation

Doctor's Name: Humaira signature with seal:

Dr. Humaira M
General Practit
DHA No: 541555
CITICARE MEDICAL
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 26-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CIPROFLOXACIN : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	5
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	5	10
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12

Medicine	Dose	Duration	Quan
(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (28.5G X 10, SACHET)	5	5
(SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (12S, BLISTER)	7	21
(HYOSCINE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (200S, BLISTER PACK	3	6