

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: 784-1968-0735460-8
Card Holder's Name: Sudesh Singh Lal Chand Age: 56Y - 3M - 18D Sex: Male

Card Holder's Tel No: Mobile No: 502417416
Ins Card No: 1005-010-116125968-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details:	Temp <mark>36.8</mark>	B.P. <mark>130</mark>	Pulse. 78
Signs & Symptoms: RISK FOI	R FALL		
Date of Onset Illness:		○ Emergency ○ Wo	ork related O New visit O Follow
Diagnosis: E11.65 - Type 2 d	iabetes mellitus with hyperg	glycemia, E78.2 - Mixed hyperlipider	nia, Z79.899 - Other long term (cu

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

9, Consultation Gp, General Consultation

signature with seal:

Dr. Enomen Good

General Practit
DHA No: 280408
CITICARE MEDICAL (
DUBAI - U.A

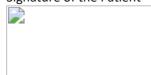
Diagnostic Procedures referred outside:

Doctor's Name: Enomen Goodluck

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, medical 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
(ATORVASTATIN: 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	56	56
(SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS	FILM COATED TABLETS (56S, BLISTER PACK)	56	56
(GLIMEPIRIDE : 1 MG) TABLETS	TABLETS (30S, BLISTER PACK)	30	30