

**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: 27-Nov-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1986-0719742-7

Card Holder's Name: SAROJ BHATTARAI RAM PRASAD BHATTARAI Age: 38Y - 3M - 7D Sex: Male

Card Holder's Tel No: Mobile No: 528857640

Ins Card No: I005-010-118146589-01 Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: Nationality: Nepalese



Clinical Details: Temp 37.4 B.P. 110 Pulse: 77

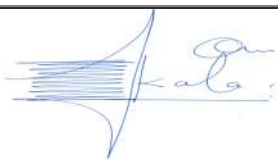
Signs & Symptoms: RISK OF FALL

 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J30.9 - Allergic rhinitis, unspecified, R50.9 - Fever, unspecified, R! Headache, unspecified

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

9, Consultation Gp , General Consultation

 Doctor's Name: Enomen Goodluck signature with seal: 

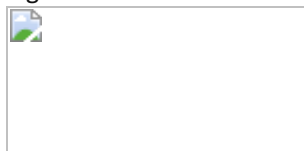
Dr. Enomen Goodluck I
 General Practitioner
 DHA No: 28040827-00
 CITICARE MEDICAL CENTE
 DUBAI - U.A.E.

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 above mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 27-Nov-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(PARACETAMOL : 500 MG (PSEUDOEPHEDRINE HCL : 30 MG TABLETS	TABLETS (20S, BLISTER PACK	10	20

Medicine	Dose	Duration	Quantity
(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER	4	16
(CLARITHROMYCIN : 500 MG TABLETS	TABLETS (14S, BLISTER PACK	7	14
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP	SYRUP (200ML, BOTTLE	7	1
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10