

**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 formDate: **04-Dec-2024**Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-2001-4494025-9**Card Holder's Name: **JUNE GHOSH RAJIB GHOSH** Age: **23Y - 9M - 8D** Sex: **Female**Card Holder's Tel No: Mobile No: **0545431134**Ins Card No: **I019-010-118408965-01** Valid Upto: **7/6/2025**Company Name: **FMC Standard Network** Employee No: _____ Nationality: **Indian**Clinical Details: Temp **37.3**B.P. **120**Pulse. **96**Signs & Symptoms: **RISK FOR FALL**

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up
Diagnosis: **J06.9 - Acute upper respiratory infection, unspecified, R09.81 - Nasal congestion, J30.9 - Allergic rhinitis, unspecified**

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

81005, URINALYSIS , Lab,9, Consultation Gp , General ConsultationDoctor'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 **04-Dec-2024**

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS	TABLETS (14S, BLISTER PACK	7	14
(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (16S,	5	15

Medicine	Dose	Duration	Quantity
	BLISTER		
(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE : 13.5 MG/5ML SYRUP	SYRUP (5ML X 20, SACHET	7	1