

ANNEXURE V C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email - approval@fmchealthcare.ae Helpline Number: 600-565691

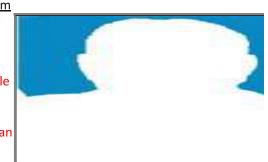
Medical Expenses Claim form

Date: 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: 1019-010-118408965-01 Valid Upto: 7/6/2025

Company Name: FMC Standard Network Employee No: ______ Nationality: Indian



Clinical Details:	Temp <mark>37.3</mark>	B.P.120	Pulse. <mark>96</mark>		
Signs & Symptoms: RISK	FOR FALL				
Date of Onset Illness :		\bigcirc Emergency \bigcirc Work related \bigcirc New visit \bigcirc Follow up			
Diagnosis: J06.9 - Acute	upper respiratory infection, unsp	oecified, R09.81 - Nasal congestion,	J30.9 - Allergic rhinitis, unspecified		
,					
Management plan (Ser	vices inside the clinic including i	njections and investigations)			
81005, URINALYSIS , Lab	,9, Consultation Gp , General Co	nsultation			
			Dr. Enomen Goodluck General Practitioner DHA No: 28040827-00 CITICARE MEDICAL CENTE		

Diagnostic Procedures referred outside:

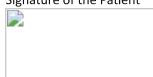
Doctor's Name: Enomen Goodluck

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the 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 con medical services and copies of all medical and Clinic records.

signature with seal:

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

DUBAI - U.A.E

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