

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:	08-	Dec-	2024
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-1024520-9

Card Holder's Name: MOHSIN KHAN MOHAMMED NIYAZ Age: 42Y - 3M - 7DSex: Male

Card Holder's Tel No: Mobile No: 0589929842

Ins Card No: 1005-010-117360009-01 Valid Upto: 30/9/2025

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



Clinical Details:	Temp <mark>36</mark>	B.P. <mark>120</mark>	Pulse. <mark>86</mark>
Signs & Symptoms: RISK OF	FALL		
Date of Onset Illness:		○ Emergency ○ W	ork related ○ New visit ○ Follov
Diagnosis: R21 - Rash and o	ther nonspecific skin erupti	on, C84.00 - Mycosis fungoides, uns	pecified site, T78.40XS - Allergy, un

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

0005-111805-1021, (CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION, Pharmacy,96372, THER/PROPH SC/IM, Co.Pay,9, Consultation Gp, General Consultation

Harry Pino

Dr. Humaira M General Practit DHA No: 541555 CITICARE MEDICAL (DUBAI - U.A

Doctor's Name: Humaira signature with seal:

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, medical medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 08-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

That made at least (to be meanly treating about only)			
Medicine	Dose	Duration	Quant
(TERBINAFINE (AS HCL) : 1%) CREAM	CREAM (15G, TUBE)	14	28
(FLUCONAZOLE : 150 MG) CAPSULES	CAPSULES (1S, BLISTER PACK)	7	7
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10
(BETAMETHASONE : 0.1%) CREAM	CREAM (30G, TUBE)	1	1
(FLUCONAZOLE : 150 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (1S, BLISTER PACK	5	5