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: 09-Dec-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1968-0735460-8
Card Holder's Name: Sudesh Singh Lal Chand Age: 56Y - 3M - 27D Sex: Male
Card Holder's Tel No: Mobile No: 502417416
Ins Card No: I005-010-116125968-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No:_____Nationality: Indian

Clinical Details: Temp36 B.P.124 Pulse. 96
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follo
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J01.40 - Acute pansinusitis, unspecified, R50.9 - Fever, unspe
E11.65 - Type 2 diabetes mellitus with hyperglycemia, L30.9 - Dermatitis, 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 Good
General Practi
DHA No: 28040
CITICARE MEDICAL
DUBAI - U.A

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 a 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 09-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(LORATADINE : 5 MG) (PSEUDOEPHEDRINE : 120 MG) TABLETS	TABLETS (14S, BOX)	7	14
(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER	4	16
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	5

Medicine	Dose	Duration	Quanti
(POVIDONE IODINE : 0.45%) SPRAY SOLUTION	SPRAY SOLUTION (50ML, BOTTLE)	5	1
(MICONAZOLE NITRATE : 20 MG/G (MOMETASONE FUROATE : 1 MG/G CREAM	CREAM (30G, TUBE	30	1