

**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: Temp 36 B.P. 124 Pulse. 96

Signs & Symptoms: RISK OF FALL

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

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J01.40 - Acute pansinusitis, unspecified, R50.9 - Fever, unspecified, 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:

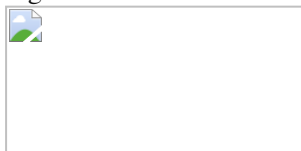
Dr. Enomen Good
 General Practitioner
 DHA No: 280401
 CITICARE MEDICAL
 DUBAI - U.A.E.

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 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 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	Quantity
(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	Quantity
(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