

ANNEXURE V

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: 1	10-D	ec-20	124
---------	------	-------	-----

Name:

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-4084820-5

Card Holder's SRIDHAR THOKALA THOKALA

BHUMANNA

Card Holder's Tel No: Mobile No: Ins Card No: 784-1999-4084820-5 Valid Upto:

Company Name: FMC Standard Network Employee No: _____

24Y - 11M -Sex:Male

0567915743

7/6/2025 Nationality: Indian



Clinical Details:	Temp <mark>36</mark>	B.P.132	Pulse. <mark>86</mark>	
Signs & Symptoms: RISK (OF FALL			
Date of Onset Illness :		○ Emergency ○ Wo	ork related O New visit O Follo	
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, J30.9 - Allergic rhinitis, unspecified, R05 - Cough, R50.9 - Fe				
unspecified, K29.00 - Acut	te gastritis without bleeding			

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

0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION, Pharmacy,96372, THER/PROPI SC/IM , Co.Pay,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,946 INHALATION TREATMENT, Co.Pay,9, Consultation Gp, General Consultation

signature with seal:

Dr. Humaira N General Practi DHA No: 541555 CITICARE MEDICAL

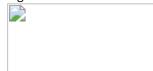
Diagnostic Procedures referred outside:

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

Signature of the Patient



Doctor's Name: Humaira



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12
(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	1
(AZITHROMYCIN: 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	7	7

Medicine	Dose	Duration	Quan
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER)	7	14