

ANNEXURE V

FMCNETWORK 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	12-C	ec-2)	:024

 Clinic Name:
 CITICARE MEDICAL CENTER LLC
 Emirates:
 784-1988-3293951-0

 Card Holder's Name:
 GIRISHA SUBBAYYA
 Age:
 35Y - 11M - 11D
 Sex:
 Male

 Card Holder's Tel No:
 0589254533
 Mobile No:
 +919164369364

 Ins Card No:
 1019-010-112342998-01
 Valid Upto:
 7/6/2025

Company Name: FMC Standard Network Employee No: ______Nationality: Indian



Clinical Details:	Temp36.8	B.P.120	Pulse. 78
Signs & Symptoms: RISK	FOR FALL		
Date of Onset Illness:		○ Emergency (\bigcirc Work related $\ \bigcirc$ New visit $\ \bigcirc$ Follow up
Diagnosis: H10.13 - Acute	e atopic conjunctivitis, bilater	al, R52 - Pain, unspecified	

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

9, Consultation Gp, General Consultation



Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001 CITICARE MEDICAL CENTER DUBAL • U.A.E.

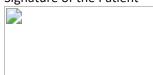
Doctor's Name: AHSAN HUSSAIN signature with seal:

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 abore 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 cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 12-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(BORIC ACID: 7MG/ML) (HP GUAR (HYDROXY PROPYL GUAR): 1.9 MG/ML) (POLYETHYLENE GLYCOL 400: 4 MG/ML) (POTASSIUM CHLORIDE: 1.2 MG/ML) (PROPYLENE GLYCOL: 3 MG/ML) (SODIUM CHLORIDE: 1 MG/ML) (SORBITOL: 14 MG/ML) EYE DROPS (SOLUTION)	EYE DROPS (SOLUTION) (10ML, DROPPER BOTTLE)	7	1