



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: 17-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-4101620-1

Card Holder's Name: RAHUL TEWARI LALIT MOHAN Age: 28Y - 1M - 1D Sex: Male

Card Holder's Tel No: Mobile No: +918477053761

Ins Card No: I019-010-120285345-01 Valid Upto: 7/6/2025

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



Clinical Details: Temp 37.4 B.P. 170 Pulse. 88

Signs & Symptoms: RISK FOR FALL

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

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R50.9 - Fever, unspecified, R09.81 - Nasal congestion - Acute gastritis without bleeding, J02.9 - Acute pharyngitis, unspecified

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SC INJECTION , Pharmacy, 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION TREATMENT , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: Humaira

signature with seal:

Dr. Humaira M
General Practitioner
DHA No: 541555
CITICARE MEDICAL I
DUBAI - U.A.E

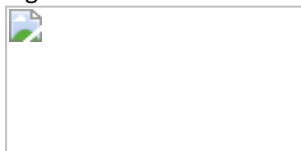
Diagnostic Procedures referred outside:

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 17-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10
(CLARITHROMYCIN : 500 MG TABLETS	TABLETS (14S, BLISTER PACK	7	7
(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

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