



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: 23-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2003-2982200-9

Card Holder's Name: KHUSHI DILIP GUJAR DILIP DATTOBA Age: 21Y - 4M - 4D Sex: Female

Card Holder's Tel No: Mobile No: 0543892297

Ins Card No: I005-010-121540620-01 Valid Upto: 30/9/2025

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



Clinical Details: Temp 36 B.P. 109 Pulse. 86
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: R11.2 - Nausea with vomiting, unspecified, E86.0 - Dehydration, K29.00 - Acute gastritis without bleeding

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

0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 0005-136504-1021, SCOPINAL , Pharmacy, 0005-150403-1001, PREMOSAN , Pharmacy, 0005-174202-0781, RISEK 40MG , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO : Co.Pay, 96360, HYDRATION IV INFUSION INIT , Co.Pay, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck

signature with seal:

Dr. Enomen Goodluck
General Practitioner
DHA No: 280408
CITICARE MEDICAL CENTER
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 23-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	7
(METOCLOPRAMIDE : 10 MG TABLETS	TABLETS (20S, BLISTER PACK	7	14
(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14

