

**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: 27-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-8210760-2

Card Holder's Name: SIDHARTH RAVEENDRAN EDONIMMAL RAVEENDRAN Age: 26Y - 0M - 22D Sex: Male

Card Holder's Tel No: Mobile No: 0553049284

Ins Card No: I019-010-118678031-01 Valid Upto: 7/6/2025

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



Clinical Details: Temp 36.6 B.P. 106 Pulse: 58

Signs & Symptoms: RISK FOR FALL

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

Diagnosis: B00.9 - Herpesviral infection, unspecified, E53.9 - Vitamin B deficiency, unspecified, K12.30 - Oral mucositis (ulcerative) unspecified, K12.0 - Recurrent oral aphthae, J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unspecified

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

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 0005-1499
 CLOFEN , Pharmacy, 9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck

signature with seal:

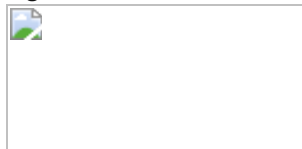
Dr. Enomen Goodluck I
 General Practitioner
 DHA No: 28040827-00
 CITICARE MEDICAL CENTRE
 DUBAI - U.A.E.

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 above 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 condition, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 27-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(ACICLOVIR : 400 MG) TABLETS	TABLETS (25S, BLISTER)	7	21
(MULTIVITAMINS : 30 MG) (MINERALS : 30 MG) TABLETS	TABLETS (100S, BOX)	30	30

Medicine	Dose	Duration	Quantity
(DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	10	20
(CETYLPYRIDINIUM CHLORIDE : 0.05%/ML) (TRICLOSAN : 0.1%/ML) (CHLORHEXIDINE : 0.2%/ML) MOUTHWASH-SOLUTION	MOUTHWASH-SOLUTION (250ML, BOTTLE)	7	1