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
General Practitioner
DHA No: 28040827-00
CITICARE MEDICAL CENTE
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 abo 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 co 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