

**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: 784-1997-4685474-6

Card Holder's Name: SHUBHAM YADAV TAHASELDAR YADAV Age: 27Y - 3M - 9D Sex: Male

Card Holder's Tel No: Mobile No: 0589532040

Ins Card No: I005-010-117490819-01 Valid Upto: 30/9/2025

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



Clinical Details: Temp 36 B.P. 125 Pulse. 74
 Signs & Symptoms: RISK OF FALL
 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up
 Diagnosis: J03.90 - Acute tonsillitis, unspecified, R50.9 - Fever, unspecified, R07.0 - Pain in throat, M79.10 - Myalgia, unspecified

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0005-149902-1021, CLOFEN , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,9.01, Free Follow-Up Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck

signature with seal:

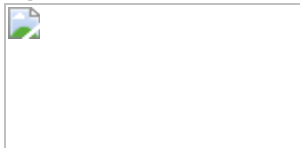
Dr. Enomen Goodluck I
 General Practitioner
 DHA No: 28040827-00
 CITICARE MEDICAL CENTRE
 DUBAI - U.A.E.

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 and 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
(DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	10	20

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10
(PREDNISOLONE : 5 MG TABLETS	TABLETS (20S, BLISTER PACK	7	14
(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER	4	16