

ANNEXURE V 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

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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-5873029-9 Card Holder's Name: REJO REJI JOHN REJI JOHN Age: 23Y - 11M - 6D Sex: Male

Card Holder's Tel No: 971566442706 Mobile No: Ins Card No: 1005-010-120341560-01 Valid Upto: 30/9/2025

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



Clinical Details:	Temp37.4	B.P. <mark>130</mark>	Pulse. <mark>99</mark>
Signs & Symptoms: RISK FOR	RFALL		
Date of Onset Illness:		○ Emergency ○ Wo	rk related O New visit O Follow up
• • • • • • • • • • • • • • • • • • • •		•	R05 - Cough, T78.40XA - Allergy, unsp
initial encounter, K29.00 - Ac	cute gastritis without bleedi	ng	

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

9, Consultation Gp, General Consultation

Diagnostic Procedures referred outside:

Dr. Humaira Mumta **General Practitioner** DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E

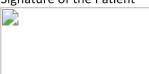
Doctor's Name: Humaira

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 con medical services and copies of all medical and Clinic records.

signature with seal:

Signature of the Patient

Date 29-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	7
(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	1
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER)	7	14