

**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: 04-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-2652787-4

Card Holder's Name: PRIYA SAHU ARUN KUMAR SAHU Age: 27Y - 3M - 22D Sex: Female

Card Holder's Tel No: Mobile No: +919630911307

Ins Card No: I005-010-118997977-01 Valid Upto: 30/9/2025

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



Clinical Details: Temp 37 B.P. 106 Pulse. 82
 Signs & Symptoms: risk of fall
 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
 Diagnosis: H01.021 - Squamous blepharitis right upper eyelid, R50.9 - Fever, unspecified

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

9, Consultation Gp , General Consultation

Doctor's Name: Humaira

signature with seal:

Dr. Humaira M
 General Practitioner
 DHA No: 541555
 CITICARE MEDICAL (UAE)
 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 04-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	7	1
(NYSTATIN : 100000 IU/G) (NEOMYCIN : 2 500 UI/G) (BUFEXAMAC : 500 MG/G) CREAM	CREAM (15G, TUBE)	7	1
(PREDNISOLONE : 5 MG TABLETS	TABLETS (20S, BLISTER PACK	7	7

Medicine	Dose	Duration	Quanti
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	4	8
(FUSIDIC ACID : 2% OINTMENT	OINTMENT (15G, TUBE	7	1
(BETAMETHASONE : 0.10% (NEOMYCIN : 0.5% CREAM	CREAM (15G, TUBE	7	1