

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

Date: 04-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-4186104-5

Card Holder's KARTHIKA KRISHNADAS KRISHNADAS

Age: 23Y - 9M - Sex:Female Name: **KOTAIL CHANDRAN**

0563651584 Card Holder's Tel No: Mobile No:

1019-010-120763953-01 Valid Upto: Ins Card No: 7/6/2025 Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: B.P.113 Temp36.9 Pulse. 86

Signs & Symptoms: RISK OF FALL

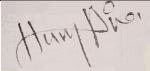
Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follov

Diagnosis: R19.7 - Diarrhea, unspecified

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

9, Consultation Gp, General Consultation

signature with seal:



Dr. Humaira M **General Practi** CITICARE MEDICAL (

Diagnostic Procedures referred outside:

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 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, medica 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 | Quan |
|--|--|----------|------|
| (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS | TABLETS (20S, BLISTER PACK) | 7 | 14 |
| (LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN) | CAPSULES (HARD GELATIN) (6S, BLISTER PACK) | 5 | 15 |
| (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS | CAPLETS (24S, BOX) | 3 | 6 |

| Medicine | Dose | Duration | Quan |
|--|---|----------|------|
| (TRISODIUM CITRATE DIHYDRATE : $0.58G$) (POTASSIUM CHLORIDE : $0.3~G$) (SODIUM CHLORIDE : $0.52~G$) (DEXTROSE ANHYDROUS : $2.7~G$) POWDER FOR SOLUTION | POWDER FOR SOLUTION (25 X 20.5G, SACHET) | 3 | 1 |