Date: 05-Jan-2025



ANNEXURE V

NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email - approval@fmchealthcare.ae Helpline Number: 600-565691

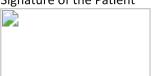
Medical Expenses Claim form

	Koustav Roy Age: 28 Mobile No: 121885619-01	rates: 784-1996-9156339-1 Y - 8M - 11D Sex: Male		
Clinical Details:	Temp <mark>38</mark>	B.P.132	Pulse	e. 74
Signs & Symptoms: RISK FO	R FALL			
Date of Onset Illness:		○ Emergency	○ Work related ○ Nev	w visit O Follow up
Diagnosis: J06.9 - Acute upp unspecified, K29.00 - Acute	•	specified, R05 - Cough, R50.9 -	· Fever, unspecified, J30.9	9 - Allergic rhinitis,
Management plan (Service	es inside the clinic including	g injections and investigations)		
0195-107704-0801, CEFTRIA	AXONE-TABUK IV , Pharmac	y,0005-149902-1021, CLOFEN	-(DICLOFENAC SODIUM :	: 75 MG/3ML) SOLU
INJECTION, Pharmacy, 2190	-106618-1001, PARAFUSIV	I.V. 10MG/ML-(PARACETAMOL	: 10 MG/ML) SOLUTION	FOR INFUSION,
Pharmacy,96365, IV INFUSIO	ON THERAPY/PROPHYLAXIS	/DX 1ST TO 1 HR , Co.Pay,9637	72, THER/PROPH/DIAG IN	NJ SC/IM , Co.Pay,01
135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZ	110	B. II W
TREATMENT , Co.Pay,9, Con	sultation Gp , General Cons		Hantpra	Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.
Doctor's Name: Humaira		signature with seal:	Minospin	
Diagnostic Procedures refer	red outside:			

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the abor 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 of the Patient

Date 05-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)	5	5

Medicine	Dose	Duration	Quantity
(AZITHROMYCIN: 500 MG FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER	7	7
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	14
(CAFFEINE : 65 MG (PARACETAMOL : 500 MG CAPLETS	CAPLETS (24S, BOX	6	12
(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	1