

ANNEXURE V I C NETWORK UAE

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

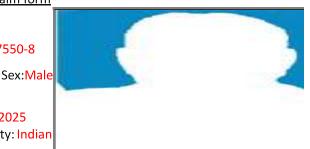
Medical Expenses Claim form

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-3107550-8

Card Holder's SAGAR MANDALA LAXMAN Age: 10D S

Card Holder's Tel No: Mobile No: 971563093585

Ins Card No: I019-010-118331633-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details:	Temp <mark>37.6</mark>	B.P.138	Pulse. <mark>96</mark>
Signs & Symptoms: Risk of F	all		
Date of Onset Illness :		○ Emergency ○ We	ork related O New visit O Follow up
Diagnosis: N39.0 - Urinary tr	act infection, site not speci	fied, R10.30 - Lower abdominal pain	, unspecified, R50.9 - Fever, unspecifie

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

9, Consultation Gp , General Consultation,0005-136504-1021, SCOPINAL , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay 106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay

Han/ Pie.

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

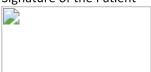
Doctor's Name: Humaira signature with seal:

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 abore 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
(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	7	7

Medicine	Dose	Duration	Quantity
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	14
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12
(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (10 X 4.25G, SACHET)	7	21