

ANNEXURE V C NETWORK UAE

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

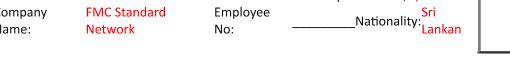
Medical Expenses Claim form

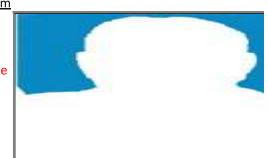
Date: 10-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-6690100-5 **UPUL MADHUSANKHA** Card Holder's Name: Age: 27Y - 1M - 9D Sex: Male

Card Holder's Tel No: 0554494932 Mobile No: Ins Card No: 1005-010-121772611-01 Valid Upto: 30/9/2025 Company FMC Standard Employee

Name: Network No:





Clinical Details:	Temp <mark>37.2</mark>	B.P.130	Pulse. <mark>86</mark>	
Signs & Symptoms: RISK	FOR FALL			
				_

Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follow up Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified, J30.9 - Allergic rhinitis, unspecified, J0

nasopharyngitis [common cold]

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

0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,94640, AIRWAY INHAL \prime TREATMENT, Co.Pay,9, Consultation Gp, General Consultation

Doctor's Name: Humaira

signature with seal:

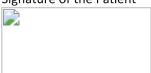
Dr. Humaira Mumta **General Practitioner** DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E

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 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 of the Patient

Date 10-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
(CAFFEINE : 65 MG (PARACETAMOL : 500 MG CAPLETS	CAPLETS (24S, BOX	6	12