

**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: 14-Jan-2025

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

Card Holder's Name: PRIYA SAHU ARUN KUMAR SAHU Age: 27Y - 4M - 1D 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 36.9	B.P. 110	Pulse. 82
Signs & Symptoms: risk of fall			
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up		
Diagnosis: R21 - Rash and other nonspecific skin eruption			

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

84478, ASSAY OF TRIGLYCERIDES , Lab,9, Consultation Gp , General Consultation, 82465, ASSAY BLD/SERUM CHOLESTEROL , Lab, 85
 COMPLETE CBC W/AUTO DIFF WBC , Lab

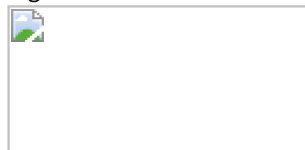
Doctor's Name: SANDIA signature with seal:	
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Diagnostic Procedures referred outside:

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 condition, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 14-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)	10	10	(

Medicine	Dose	Duration	Quantity	I
(CALCIUM : 400 MG (VITAMIN D3 : 200 IU (MAGNESIUM : 100 MG (ZINC : 4 MG TABLETS	TABLETS (30S, BOX	30	30	:
(BETAMETHASONE : 0.5 MG/G (CALCIPOTRIOL : 50 MCG/G OINTMENT	OINTMENT (30G, COLLAPSIBLE TUBE	15	1	: