

ANNEXURE V

C NETWORK UAE

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

Sex:Male

Medical Expenses Claim form

0567915743

Date:	14-J	lan-2	2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-4084820-5

Card Holder's SRIDHAR THOKALA THOKALA

Name: **BHUMANNA**

Card Holder's Tel No: Mobile No:

Ins Card No:

Company Name: FMC Standard Network Employee No:

1019-010-120074163-01

Nationality: Indian

7/6/2025

Pulse. 74

Clinical Details: B.P.108 Temp36.9

Valid Upto:

Signs & Symptoms: RISK OF FALL

Date of Onset Illness:

○ Emergency ○ Work related ○ New visit ○ Follov

Diagnosis: K29.00 - Acute gastritis without bleeding, R11.2 - Nausea with vomiting, unspecified

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

9, Consultation Gp, General Consultation

Dr. Sandia Bh General Practiti DHA No: 659002 PESHAWAR MEDICAL DUBAL - U.A

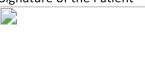
Doctor's Name: SANDIA signature with seal:

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 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 14-Jan-2025



Pharmaceuticals (to be filled by treating doctor only)

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)	2	2
(DOMPERIDONE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	4	8
(CEFPODOXIME (AS PROXETIL) : 200 MG) TABLETS	TABLETS (10S, BLISTER PACK)	3	3