

**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: 784-1997-7166376-4

Card Holder's Name: AJAY CHAUDHARY BIRENDRA PRASAD THARU Age: 27Y - 2M - 5D Sex: Male

Card Holder's Tel No: Mobile No: 971566442706

Ins Card No: I005-010-119392600-01 Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: Nationality: Nepalese



Clinical Details: Temp 37 B.P. 111 Pulse: 77
 Signs & Symptoms: Risk of fall
 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
 Diagnosis: J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unspecified

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 96365, IV IN THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck

signature with seal:

Dr. Enomen Goodluck
 General Practitioner
 DHA No: 280408
 CITICARE MEDICAL CENTER
 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 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, 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
(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	5	10
(CLAVULANIC ACID : 100 MG) (AMOXICILLIN : 500 MG) POWDER FOR INJECTION	POWDER FOR INJECTION (10S, VIAL)	5	10
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	5	15

Medicine	Dose	Duration	Quantity
(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE HCL : 13.5 MG/5ML SYRUP	SYRUP (120ML, BOTTLE	5	15