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: 17-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-3269118-3
Card Holder's Name: SHUSAN KUMAR CHAUDHARY DILLI BAHADUR CHAUDHARY Age: 25Y - 2M - 25D Sex: Male
Card Holder's Tel No: Mobile No: 0566438218
Ins Card No: I005-010-121925254-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Nepalese

Clinical Details: Temp36 B.P.113 Pulse. 59
Signs & Symptoms: RISK OF FALL
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follo
Diagnosis: R21 - Rash and other nonspecific skin eruption

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

9, Consultation Gp , General Consultation

Doctor's Name: SANDIA signature with seal:

Dr. Sandia Bh
General Practit
DHA No: 659002
PESHAWAR MEDICAL
DUBAI - U.A

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 a 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 medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 17-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(FLUCONAZOLE : 150 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (1S, BLISTER PACK)	1	1
(TERBINAFINE (AS HCL : 10 MG/G CREAM	CREAM (15G, COLLAPSIBLE TUBE	7	14