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: 784-1995-7092062-1
Card Holder's Name: DURGARAO TUMMALAPALLI SRINU TUMMALAPALLI Age: 30Y - 0M - 19D Sex: Male
Card Holder's Tel No: Mobile No: 0582797064
Ins Card No: I005-010-116954342-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36.6 B.P. 120 Pulse. 68
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: C84.09 - Mycosis fungoides, extranodal and solid organ sites, 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 Bhojwa
General Practitioner
DHA No: 65900212-00
PESHAWAR MEDICAL CENT
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 abo 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 co 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	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(TERBINAFINE (AS HCL : 1% CREAM	CREAM (15G, TUBE	7	14