

**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: 22-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1993-0762064-3

Card Holder's Name: GAGAN SINGH RAWAT GAJENDER SINGH RAWAT Age: 31Y - 6M - 17D Sex: Male

Card Holder's Tel No: Mobile No: 0561325969

Ins Card No: I019-010-118802224-01 Valid Upto: 7/6/2025

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



Clinical Details: Temp 36.75 B.P. 134 Pulse. 80

Signs & Symptoms:

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: L02.91 - Cutaneous abscess, unspecified, R50.9 - Fever, unspecified, R52 - Pain, unspecified

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 0002-116601-1001, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INJECTION, Pharmacy, 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 96374-106618-1001, INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay, 9, Consultation Gp , Consultation

Doctor's Name: Humaira

signature with seal:

Dr. Humaira Mumta
 General Practitioner
 DHA No: 54155530-00
 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 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 consultation, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 22-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	7

Medicine	Dose	Duration	Quantity
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	14
(CAFFEINE : 65 MG (PARACETAMOL : 500 MG CAPLETS	CAPLETS (24S, BOX	6	12