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

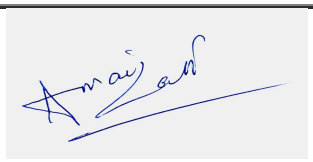
Date: 27-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2003-2199378-2
Card Holder's Name: SAI REDDY REGALLA MOHAN REDDY REGALLA Age: 21Y - 8M - 28D Sex: Male
Card Holder's Tel No: Mobile No: 0561836687
Ins Card No: I019-010-121525242-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp37 B.P.118 Pulse. 70
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: R21 - Rash and other nonspecific skin eruption, R50.9 - Fever, unspecified, L03.311 - Cellulitis of abdominal wall

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

0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,0005-149902-1022, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp Consultation

Doctor's Name: DR Amaizah signature with seal:



Dr. Amaizah Ishtia
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CEN
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 27-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(FUSIDIC ACID : 2%) CREAM	CREAM (15G, TUBE)	7	1
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5	10

Medicine	Dose	Duration	Quantity
(DICLOFENAC SODIUM : 100 MG) COATED TABLETS	COATED TABLETS (30S, BLISTER PACK)	5	10
(SERRATIOPEPTIDASE : 10 MG TABLETS	TABLETS (30S, BLISTER	5	5
(FUSIDIC ACID : 2%) CREAM	CREAM (15G, TUBE)	1	1
(NEOMYCIN : 5000 IU/G (BACTRACIN ZINC : 250 IU/G DUSTING TOPICAL POWDER	DUSTING TOPICAL POWDER (10G, PLASTIC BOTTLE	5	5