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

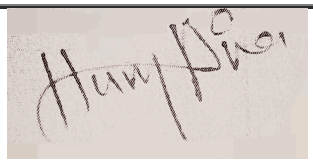
Date: 14-Feb-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-8163771-5
Card Holder's Name: TEK BAHADUR KHADKA YAM BAHADUR KHADKA Age: 26Y - 0M - 26D Sex: Male
Card Holder's Tel No: Mobile No: 0504205788
Ins Card No: I019-010-120074162-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Nepalese

Clinical Details: Temp 36.3 B.P. 160 Pulse. 88
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified, J30.9 - Allergic rhinitis, unspecifie Cough

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0188-135906-2441, PULMICORT , Pharmacy,9, Consultation Gp , General Consultation,94640, AIRWAY INHALATION TREATMENT , Co.Pay

Doctor's Name: Humaira signature with seal:



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, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 14-Feb-2025

2/14/2025 2:03:53 PM

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	3	6
(AZITHROMYCIN : 250 MG FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER PACK	5	10

Medicine	Dose	Duration	Quant
(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	15
(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	5	10
(PANTOPRAZOLE (AS SODIUM) : 20 MG) GASTRO-RESISTANT TABLETS	GASTRO-RESISTANT TABLETS (15S, BLISTER PACK)	5	10