ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-5656

Medical Expenses Claim form

Date: 01-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-8482131-7
Card Holder's Name: KHARAK SINGH KISHAN SINGH Age: 26Y - 7M - 15D Sex: Male
Card Holder's Tel No: Mobile No: 0569469783
Ins Card No: I005-010-119076401-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36 B.P.102 Pulse. 88
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○
Diagnosis: J02.9 - Acute pharyngitis, unspecified, J03.90 - Acute tonsillitis, unspecified, R05 - Cough, R21 - Rash and oth eruption, E86.0 - Dehydration

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,94640, AIRWA TREATMENT , Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOL INJECTION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96372, THER/PROPH/DIA
Co.Pay,9, Consultation Gp , General Consultation,0102-152902-1001, LACTATED RI INFUSION INIT , Co.Pay,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/M

Dr. A Gen DHA CITICARI

Doctor's Name: DR Amaizah 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 th mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pha person who has provided medical services to me to furnish any and all information with regard to any medical history, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 01-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration
(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML,	5

Medicine	Dose	Duration
	SPRAY BOTTLE)	
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5
(IMIQUIMOD : 5%) CREAM	CREAM (250MGX 12, SACHET)	7
(VITAMIN D3 : 5 MCG) (VITAMIN E (AS D-ALPHA TOCOPHERYL SUCCINATE) : 20 MG) (ZINC : 15 MG) (CHROMIUM : 50 MCG) (COPPER : 1 MG) (VITAMIN B12 : 9 MCG) (FOLACIN : 500 MCG) (SIBERIAN GINSENG (ELEUTHEROCOCCUS SENTICOSUS) : 20 MG) (IODINE : 150 MCG) (IRON (FERROUS FUMARATE) : 6 MG) (MAGNESIUM OXIDE : 50 MG) (MANGANESE SULFATE : 3 MG) (L-METHIONINE : 20 MG) (NIACIN : 20 MG) (PANTOTHENIC ACID : 10 MG) (PABA : 20 MG) (PYRIDOXINE (VITAMIN B6) : 9 MG) (VITAMIN B2 (RIBOFLAVIN) : 5 MG) (SELENIUM : 150 MCG) (S	FILM COATED TABLETS (30S, BLISTER)	30