



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: **08-Mar-2025**

Clinic Name: **CITICARE MEDICAL CENTER LLC**

Emirates: **784-1996-8340056-0**

Card Holder's Name: **SAWARAN CHAND**

Age: **28Y - 7M - 7D** Sex: **Female**

Card Holder's Tel No: **971589522956**

Mobile No: **0589522956**

Ins Card No: **I005-010-117490735-01**

Valid Upto: **30/9/2025**

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



Clinical Details:

Temp **36.7**

B.P. **120**

Pulse. **86**

Signs & Symptoms:

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: **L50.0 - Allergic urticaria, T78.40XD - Allergy, unspecified, subsequent encounter, M25.519 - Pain in unspecified shoulder**

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

0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0005-149902-1021, CLOFEN Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: **Humaira**

signature with seal:

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

Signature of the Patient

Date **08-Mar-2025**

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	7	14
(MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER	3	3
(NAPROXEN : 500 MG TABLETS	TABLETS (10S, BLISTER PACK	7	14

