



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

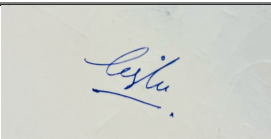
Date: 11-Apr-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-1004570-1
Card Holder's Name: SHUBHAM RAVINDRA PANDIT Age: 27Y - 7M - 24D Sex: Male
Card Holder's Tel No: Mobile No: 0543199105
Ins Card No: I005-010-120796696-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp 36.6 B.P. 120 Pulse: 84
Signs & Symptoms: risk for fall
Date of Onset Illness :
Diagnosis: J30.9 - Allergic rhinitis, unspecified, R06.7 - Sneezing
☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Management plan (Services inside the clinic including injections and investigations)
0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation

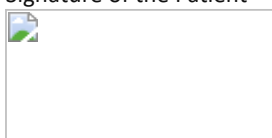
Doctor's Name: AISHA signature with seal: 
Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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 any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 11-Apr-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000
(XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE)	5	10	0.0000
(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	5	0.0000