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

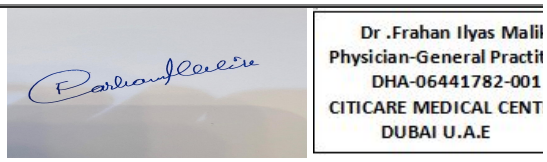
Date: 22-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-2652787-4
Card Holder's Name: PRIYA SAHU ARUN KUMAR SAHU Age: 27Y - 7M - 9D Sex: Female
Card Holder's Tel No: Mobile No: +919630911307
Ins Card No: I005-010-118997977-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 37.9 B.P. 119 Pulse. 111
Signs & Symptoms:
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R07.0 - Pain in throat, R50.9 - Fever, unspecified, R5 unspecified

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

85027, COMPLETE CBC AUTOMATED , Lab,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION INFUSION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0188-135906-2441, PULMICORT , Pharmacy,94640, AIRWAY INHALATION TREATMENT , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Dr.Farhan Iyas 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 abov 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 cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 22-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	5	1
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10

Medicine	Dose	Duration	Quantity
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10
(PARACETAMOL : 600 MG) (PHENYLEPHRINE HCL : 10 MG) ORAL POWDER	ORAL POWDER (10S, SACHET)	5	15
(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	5