

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: 25-Apr-2025
Clinic Name: CITICARE ME

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-8247975-7

Card Holder's NIRVAIR SINGH SALARIA JOGINDER Age: 24Y - 6M - Age: 24D Sex:Male

Card Holder's Tel No: Mobile No: 0501413069
Ins Card No: 1019-010-119554332-01 Valid Upto: 30/3/2026
Company Name: FMC Standard Network Employee No: ________ Nationality: Indian



Clinical Details:	Temp36.4	B.P.123	Pulse. 99
Signs & Symptoms: RISK FOR FALL			
Date of Onset Illness :		○ Emergency ○ Wo	ork related $ igcirc$ New visit $ igcirc$ Follow up visit
Diagnosis: J06.9 - Acute upper res	piratory infection, unsp	ecified, R53.1 - Weakness, R52 - Pa	in, unspecified, K29.00 - Acute gastritis without
bleeding			

Management plan (Services inside the clinic	including injections and investigations)	
9, Consultation Gp , General Consultation		
	Parlianflace	Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER
Doctor's Name: Dr.Farhan Iyas	signature with seal:	DUBAI U.A.E

ı	Diagnostic Procedures referred outside:						
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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 25-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Pharmaceuticals (to be filled by treating doctor only)								
Medicine	Dose	Duration	Quantity	Price				
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	5	0.0000				
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	5	0.0000				
(PARACETAMOL : 600 MG) (PHENYLEPHRINE HCL : 10 MG) ORAL POWDER	ORAL POWDER (10S, SACHET)	5	1	0.0000				