



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: 01-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-2402826-0
Card Holder's Name: SAJAN RAJASEKHARAN Age: 42Y - 11M - 29D Sex: Male
Card Holder's Tel No: Mobile No: 0509854852
Ins Card No: I005-010-121075922-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp 37 B.P. 153 Pulse. 84
Signs & Symptoms: risk of fall
Date of Onset Illness :
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified
☐ Emergency ☐ Work related ☐ New visit ☐ Follow

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

0188-135906-2441, PULMICORT , Pharmacy, 85027, COMPLETE CBC AUTOMATED , Lab, 9, Consultation Gp , General Consultation
AIRWAY INHALATION TREATMENT , Co. Pay

Doctor's Name: Dr. Farhan Ilyas

signature with seal:

Dr. Farhan Ilyas
Physician-General F
DHA-0644178
CITICARE MEDICAL
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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy 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-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	1
(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

