

**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: 03-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-7363518-4
Card Holder's Name: BIKASH ROY BIJAY ROY Age: 30Y - 2M - 7D Sex: Male
Card Holder's Tel No: Mobile No: 0561531934
Ins Card No: I005-010-120488197-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp 37 B.P. 127 Pulse: 92
Signs & Symptoms: risk of fall
Date of Onset Illness :
☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R05 - Cough, M54.5 - Low back pain, E55.9 - Vitamin D deficiency, unspecified, R50.9 - Fever, unspecified

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

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 0135-149902-0511, (DICLOFENAC SODIUM : 75 MG/3ML) INJECTION , Pharmacy, 85027, COMPLETE CBC AUTOMATED , Lab, 0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 9, Consultation Gp , General Consultation, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Doctor's Name: DR Amaizah

signature with seal:

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
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 03-May-2025

**Pharmaceuticals (to be filled by treating doctor only)**

Medicine	Dose	Duration	Quantity	Price
(SERRATIOPEPTIDASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	7	7	0.0000
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000
(DICLOFENAC SODIUM : 100 MG) COATED TABLETS	COATED TABLETS (30S, BLISTER PACK)	7	7	0.0000
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	3	6	0.0000