

ANNEXURE V

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

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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-2944180-3 Card Holder's Name: JEEVAN JOSEPH Age: 25Y - 1M - 28D Sex: Male +919605611892 Card Holder's Tel No: Mobile No: 0557119543 1005-010-119959938-01 Ins Card No: Valid Upto: 30/9/2025 Company Name: FMC Standard Network Employee No: ______ Nationality: Indian



Clinical Details:	Temp <mark>36.8</mark>	B.P. <mark>129</mark>	Pulse. <mark>82</mark>
Signs & Symptoms: risk of fa	all		
Date of Onset Illness:		\bigcirc Emergency \bigcirc Wo	rk related O New visit O Follow
Diagnosis: R50.9 - Fever, un	specified, J30.89 - Other a	llergic rhinitis, R05 - Cough, R06.2 - Wh	eezing, R52 - Pain, unspecified

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

0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE: 10 MG/ML) SOLUTION FOR INJECTION, Pharmac 106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) SOLUTION FOR INFUSION, Pharmacy,96372, THER/PRC SC/IM , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,9, Consultation Gp , General Consultation

Dr. Aisha U Physician- General P DHA- 40131439 CITICARE MEDICA DUBAI - U.A

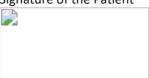
Doctor's Name: AISHA signature with seal:

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 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, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 07-May-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	6
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	18
(SODIUM CITRATE: 57 MG/5ML) (AMMONIUM CHLORIDE: 131.5 MG/5 ML) (MENTHOL: 1.1 MG/5 ML) (DIPHENHYDRAMINE: 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	5	10