

**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: 07-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-2944180-3

Card Holder's Name: JEEVAN JOSEPH Age: 25Y - 1M - 28D Sex: Male

Card Holder's Tel No: 0557119543 Mobile No: +919605611892

Ins Card No: I005-010-119959938-01 Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: _____ Nationality: Indian



Clinical Details: Temp 36.8 B.P. 129 Pulse. 82

Signs & Symptoms: risk of fall

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: R50.9 - Fever, unspecified, J30.89 - Other allergic rhinitis, R05 - Cough, R06.2 - Wheezing, 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 , Pharmacy, 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

Doctor's Name: AISHA

signature with seal:

Dr. Aisha U
 Physician- General P
 DHA- 40131439
 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 07-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(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

