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

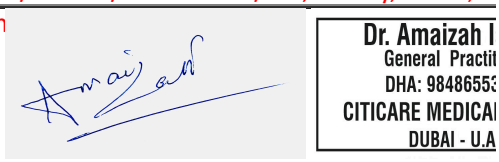
Date: 15-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2004-6557662-5
Card Holder's Name: SHIVA DANUWAR Age: 21Y - 2M - 7D Sex: Male
Card Holder's Tel No: Mobile No: 0563114620
Ins Card No: I005-010-121831230-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Nepalese

Clinical Details: Temp37.6 B.P.122 Pulse. 108
Signs & Symptoms:
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: R50.9 - Fever, unspecified, B01.9 - Varicella without complication, R21 - Rash and other nonspecific skin eruption

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 M
SOLUTION FOR INFUSION , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,0046-111801-0511, (CHLORPHENIRAMINE : 1
INJECTION , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96365, IV
THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Consultation Gp , General Con

Doctor's Name: DR Amaizah 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 15-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(CALAMINE : 15 G/100ML) (ZINC OXIDE : 5 G/100ML) (PHENOL : 0.5 G/100ML) (BENTONITE : 3 G/100ML) LOTION	LOTION (1S, PLASTIC BOTTLE)	5	1
(ACYCLOVIR : 400 MG) TABLETS	TABLETS (35S, BLISTER PACK)	7	7

Medicine	Dose	Duration	Quan
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	3	6