

ANNEXURE V

FMCNETWORKUAE

P. O. BOX: 50430, DUBAI, **Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691**

Medical Expenses Claim form

Date: 26-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-5873029-9

Card Holder's Name: REJO REJI JOHN REJI JOHN Age: 24Y - 5M - 3D Sex: Male

Card Holder's Tel No: Mobile No: 971566442706
Ins Card No: I005-010-120341560-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _______ Nationality: Indian



Clinical Details:	Temp <mark>38.6</mark>	B.P. <mark>120</mark>	Pulse. <mark>88</mark>			
Signs & Symptoms: RISK FOR	FALL					
Date of Onset Illness:		○ Emergency ○ W	ork related $ igcirc$ New visit $ igcirc$ Follow up visit			
Diagnosis: 103 90 - Acute tonsillitis, unspecified, R50 9 - Fever unspecified, R51 9 - Headache, unspecified, R11 0 - Nausea						

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) SOLUTION FOR INFUSION, Pharmacy,85027, COMPLETE CBC AUTOMATED, Lab,96360, HYDRATION IV INFUSION INIT, Co.Pay,9, Consultation Gp, General Consultation

Conhardlereise

Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E

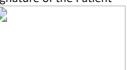
Doctor's Name: Dr.Farhan lyas signature with seal:

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 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 26-Jun-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price			
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	5	1	0.0000			
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000			
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	5	15	0.0000			
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000			