FMC® NETWORK UAE
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ANNEXURE V

F M C NETW

P. O. BOX: 50430, DUBAI, **Tel** – (
Email – approval@fmchealthcare.ae

Medical Expenses Claim for

Date: 19-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-7438900-2
Card Holder's Name: Janet Muthoki Peter Age: 26Y - 9M - 5D Sex: Female
Card Holder's Tel No: Mobile No: 0543546130
Ins Card No: I019-010-122062355-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Kenya

Clinical Details: Temp37 B.P.164
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergenc
Diagnosis: R50.9 - Fever, unspecified, R51.9 - Headache, unspecified, J30.9 - Allergic

Management plan (Services inside the clinic including injections and investigation

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTI
DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION
AUTOMATED , Lab,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96374, THER/PRO

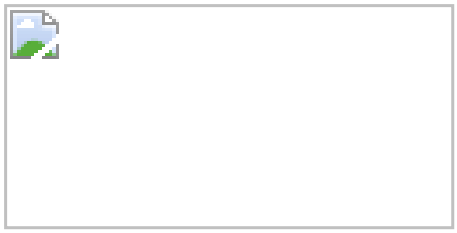
General Consultation

Doctor's Name: KEERTHANA signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical se
mentioned examination/Investigation/therapy is given to me by the doctor. I hereby
person who has provided medical services to me to furnish any and all information
medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 19-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose
(PARACETAMOL : 500 MG) (CAFFEINE : 65 MG) FILM COATED TABLETS	FILM COATED TA
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TA PACK)
(POVIDONE IODINE : 1%) GARGLE	GARGLE (125ML