

## 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: 30-Jul-2	2025			
	CITICARE MEDICAL (		mirates: 784-1995-8385436-1	
		D ISLAM KHAN DA Mobile No:	AD Age: 30Y - 4M - 16D Sex: Male 0556629295	
Card Holder's				
Ins Card No:	1005-010-119843		Valid Upto: 30/9/2025	
Company	FMC Standard	Employee	Nationality:Pakistani	
Name:	Network	No:		
Clinical Detai	ls:	Temp <mark>36</mark>	B.P.120	Pulse. <mark>74</mark>
Signs & Symp	otoms: risk of fall			
Date of Onse	t Illness :		○ Emergency ○	Work related ○ New visit ○ Follo
Diagnosis: B3	35.3 - Tinea pedis, B35	5.6 - Tinea cruris,		.29.8 - Other pruritus, R07.0 - Pain in
	<u> </u>			·
Manageme	nt plan (Services insid	de the clinic includ	ling injections and investigations)	
	on Gp , General Const		<u> </u>	
,	он о <b>р</b> , основни основ			
				C
				اني باديبورايل ثارا Dr. Keerthana Rani Padi
				General Pract License No.: 3786
Doctor's Na	me: KEERTHANA		signature with seal:	تیکیر الطبی ذم م CITICARE MEDICAL
DOCTOL 2 Ma	IIIE. KEENTHANA		signature with sear.	(6.115.112.131.12
Diagnostic Pr	ocedures referred ou	tside:		
I hereby auth	orize the physician, H	lospital or pharma	cy to file a claim for medical service	s on my behalf and I confirm that the
			•	norize any Clinic, Physician, Pharmacy
•	•		•	regard to any medical history, medica
medical servi	ces and copies of all r	nedical and Clinic	records.	

Pharmaceuticals (to be filled by treating doctor only)

Date 30-Jul-2025

Signature of the Patient

The management (to be med by treating decise only)		I	
Medicine	Dose	Duration	Quan
(DESLORATADINE : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	10	10
(KETOCONAZOLE : 2%) CREAM	CREAM (15G, COLLAPSIBLE TUBE)	10	20
(PARACETAMOL : 500 MG) (CAFFEINE : 65 MG) FILM COATED TABLETS	FILM COATED TABLETS (72S, BLISTER)	3	6
(SODIUM CHLORIDE : 0.9%) DROPS	DROPS (25ML, DROPPER BOTTLE)	5	10