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

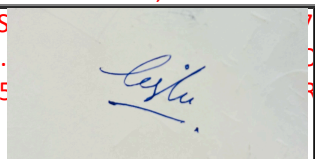
Medical Expenses Claim form

Date: 30-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-1990495-9
Card Holder's Name: ARVIND UPADHYAY HARENDRA UPADHYAY Age: 23Y - 9M - 3D Sex: Male
Card Holder's Tel No: Mobile No: 0566368990
Ins Card No: I005-010-121075926-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp39 B.P.120 Pulse. 102
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: J21.9 - Acute bronchiolitis, unspecified, R50.9 - Fever, unspecified, R05 - Cough, R06.2 - Wheezing, E86.0 - Dehydrat
Pain, unspecified, J30.89 - Other allergic rhinitis

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) S
FOR INFUSION , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0005-149902-1021, CLOFE
(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,0102-100104-1001, SODIUM CHLORIDE & DEXTR
Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96361, HYDRATE IV INFUS
ADDON , Co.Pay,0006-402803-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.
INHALATION TREATMENT , Co.Pay,9, Consultation Gp , General Consultation,96365
Co.Pay



Dr. Aisha U
Physician- General P
DHA- 40131439
CITICARE MEDICA
DUBAI - U.A

Doctor's Name: AISHA 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 30-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	5	15
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10
(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	5
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10

Medicine	Dose	Duration	Quan
(POVIDONE IODINE : 1%) MOUTHWASH-SOLUTION	MOUTHWASH-SOLUTION (250ML, PLASTIC BOTTLE)	5	1
(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	5	15