

ANNEXURE V

FMCNETWORKUAE

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

	ļ ,	Medical Expenses Claim for	<u>:m</u>	
Date: 01-Aug-2025 Clinic Name: CITICARE MEDIC Card Holder's Name: MICHAE Card Holder's Tel No: Ins Card No: 784-1988-C Company FMC Standard Name: Network	EL JOHN GAUANG DUCAY Mobile No: 0903204-2 Valid	ntes: 784-1988-0903204-2 Age:36Y - 9M - 30D Sex:M 0528511028 d Upto: 30/9/2025 Nationality:Philipp		
Clinical Details:	Temp <mark>36</mark>	B.P.120	P	ulse. 64
Signs & Symptoms: RISK OF FA	•			
Date of Onset Illness :		○ Emergen	cy O Work related O	New visit O Follov
Diagnosis: L63.9 - Alopecia ar	eata, unspecified, E56.9 - \	•	•	
Management plan (Services	inside the clinic including	injections and investigation	ns)	
9, Consultation Gp , General (Consultation			
Doctor's Name: KEERTHANA		signature with seal:		راني باديبورايل ثارا Dr. Keerthana Rani Padipi General Practii License No.: 37864 م الطبي ذم م CITICARE MEDICAL C
Diagnostic Procedures referre	d autoida.			
I hereby authorize the physicia	an, Hospital or pharmacy t		-	
mentioned examination/Inves		•	•	•
person who has provided med		•	with regard to any med	dical history, medica
medical services and copies of	r all medical and Clinic reco e of the Patient	oras.		
Signature	. Of the fatient			
Date 01-Aug-2025				
Pharmaceuticals (to be filled b	y treating doctor only)			

Medicine	Dose	Duration	Quan
(ZINC GLUCONATE : 97.58 MG) (IRON (FERROUS FUMARATE) : 76.07 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 6.07 MG) (CUPRIC CITRATE (COPPER) : 5.68 MG) (VITAMIN B12 (CYANOCOBALAMIN) : 1 MG) (PTEROYLMONOGLUTAMIC ACID : 500 MCG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (30S, BLISTER)	30	1