

**ANNEXURE V****F M C NETV**

P. O. BOX: 50430, DUBAI, Tel – (

Email – approval@fmchealthcare.ae**Medical Expenses Claim for**Date: **02-Aug-2025**Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-1999-5977896-2**Card Holder's Name: **RASHI BHATT BHAGYESH OMPRAKASH BHATT** Age: **25Y - 8M - 25D** Sex: **Fema**Card Holder's Tel No: Mobile No: **0563027548**Ins Card No: **I005-010-121212090-01** Valid Upto: **30/9/2025**Company Name: **FMC Standard Network** Employee No: _____ Nationality: **India**

Clinical Details: Temp **37.3** B.P. **130**

Signs & Symptoms: **RISK OF FALL**

Date of Onset Illness : ☐ Emergenc

Diagnosis: **J03.90 - Acute tonsillitis, unspecified, R11.0 - Nausea, R50.9 - Fever, unsp J30.9 - Allergic rhinitis, unspecified, R21 - Rash and other nonspecific skin eruption**

Management plan (Services inside the clinic including injections and investigation

85027, COMPLETE CBC AUTOMATED , Lab,86060, ANTISTREPTOLYSIN O TITER , Lab, PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy, INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation LACTATED RINGERS INJECTION USP , Pharmacy,96365, IV INFUSION THERAPY/PRO PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION

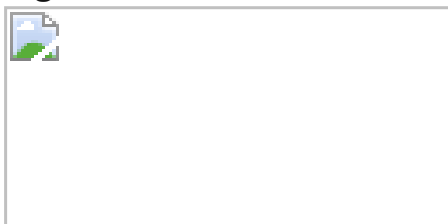
Doctor's Name: **DR Amaizah**

signature with seal:

Diagnostic Procedures referred outside:

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

Signature of the Patient



Date 02-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose
(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SPRAY
(PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS	FILM (20S)
(PREDNISOLONE : 5 MG) TABLETS	TABL PACK
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABL