



## ANNEXURE V

# F M C NETWORK UAE

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

### Medical Expenses Claim form

Date: 18-Aug-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-1880039-9

Card Holder's Name: ASHISH SINGH RANVEER SINGH Age: 25Y - 2M - 22D Sex: Male

Card Holder's Tel No: Mobile No: 0527927769

Ins Card No: I005-010-122568921-01 Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp 36.5 B.P. 120 Pulse. 74  
Signs & Symptoms:  
Date of Onset Illness :  ☐ Emergency ☐ Work related ☐ New visit ☐ Follow  
Diagnosis: R30.0 - Dysuria, N39.0 - Urinary tract infection, site not specified, R50.9 - Fever, unspecified, R19.7 - Diarrhea, unsp

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah

signature with seal:

Dr. Amaizah I  
General Practitioner  
DHA: 98486553  
CITICARE MEDICAL  
DUBAI - U.A.E

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, medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 18-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

| Medicine                                                                                                                                        | Dose                                    | Duration | Quantity |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------|----------|
| (SODIUM BICARBONATE : 1.76G) (SODIUM CITRATE ANHYDROUS : 0.63G) (TARTARIC ACID : 0.89G) (CITRIC ACID ANHYDROUS : 0.715 G) EFFERVESCENT GRANULES | EFFERVESCENT GRANULES (4G X 10, SACHET) | 7        | 14       |
| (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS                                                                                       | TABLETS (14S, STRIP)                    | 7        | 14       |
| (PARACETAMOL : 500 MG) FILM COATED TABLETS                                                                                                      | FILM COATED TABLETS (48S, BLISTER PACK) | 3        | 6        |

| Medicine                               | Dose                                        | Duration | Quantity |
|----------------------------------------|---------------------------------------------|----------|----------|
| (HYOSCINE : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS<br>(200S, BLISTER PACK) | 3        | 3        |