



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: 20-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1990-4170539-5
Card Holder's Name: RAKESH RAMAKRISHNAN Age: 35Y - 6M - 12D Sex: Male
Name: PUTHIYAVEETUM KUNDIL
Card Holder's Tel No: Mobile No: 0524126856
Ins Card No: QIC-P2320001211-3-24-130 Valid Upto: 31/12/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp 37 B.P. 104 Pulse: 74
Signs & Symptoms: risk for fall
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R09.81 - Nasal congestion, R06.09 - Other form
K29.00 - Acute gastritis without bleeding

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

0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy, 94640, AIRWAY IN
TREATMENT , Co.Pay, 9, Consultation Gp , General Consultation, 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) S
FOR NEBULIZATION , Pharmacy



Doctor's Name: KEERTHANA

signature with seal:

راني كيرثانا راني
Dr. Keerthana Rani Padip
General Practi
License No.: 37864
بتيكير الطبي ذم م
CITICARE MEDICAL C

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 20-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	5
(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	5	150

