



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: 784-1998-2652634-7

Card Holder's Name: SHAN MOHAMMAD SURAJ KHAN Age: 27Y - 2M - 15D Sex: Male

Card Holder's Tel No: Mobile No: 0565578605

Ins Card No: I005-010-121540511-01 Valid Upto: 30/9/2025

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



Clinical Details: Temp 36.6 B.P. 100 Pulse. 62
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: R20.2 - Paresthesia of skin, R11.2 - Nausea with vomiting, unspecified, L29.8 - Other pruritus

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

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co. Pay, 9, Con:
General Consultation

Doctor's Name: KEERTHANA

signature with seal:



راني كاديورايل ثارا
Dr. Keerthana Rani Padip
General Practitioner
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
(CALAMINE : 10%) (VITAMIN E : 0.5%) (ALLANTOIN : 0.5%) (ALOE VERA : 10.5%) LOTION	LOTION (100ML, BOTTLE)	5	10
(LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	3	3