ANNEXURE V

F M C NETW

P. O. BOX: 50430, DUBAI, **Tel** –
Email – approval@fmchealthcare.ae

Medical Expenses Claim for

Date: 24-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2004-2462299-9
Card Holder's Name: JEETENDRA JAI RAM Age: 21Y - 1M - 18D Sex: Mal
Card Holder's Tel No: Mobile No: 0503586951
Ins Card No: I019-010-122982724-01 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: India

Clinical Details: Temp36.6 B.P.130
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergenc
Diagnosis: M25.511 - Pain in right shoulder, M25.50 - Pain in unspecified joint, E55.
vitamin B12 deficiency anemias, E86.0 - Dehydration, R68.2 - Dry mouth, unspecifie

Management plan (Services inside the clinic including injections and investigation

0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR
DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,96372, THER/PROPH/DIAG INJ
Consultation,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P. , Pharmacy,9

Doctor's Name: AISHA signature with seal:

Diagnostic Procedures referred outside:

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

Signature of the Patient

Date 24-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	I
(ETORICOXIB : 120 MG) FILM COATED TABLETS	
(VITAMIN D3 (CHOLECALCIFEROL) : 2000 IU) CAPSULES	
(VITAMIN B1 (THIAMINE) : 100 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 200 MG) (VITAMIN B12 (CYANOCOBALAMIN) : 200 MCG) SUGAR COATED TABLETS	
(SODIUM AESCINATE : 20 MG) TABLETS	