



ANNEXURE V

F M C NETWORK

P. O. BOX: 50430, DUBAI, Tel – (04) 366 1111

Email – approval@fmchealthcare.ae

Medical Expenses Claim form

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: **Male**

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:

Temp **36.6**

B.P. **130**

Signs & Symptoms: **risk of fall**

Date of Onset Illness :

☐ Emergency

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, unspecified**

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**

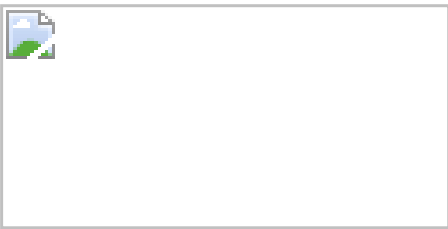
Doctor's Name: **AISHA**

signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical 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 24-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	
(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	