

F M C NETV

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: 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: Temp36.6 B.P.130

Signs & Symptoms: risk of fall

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, unspecific

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, 0439-152905-1001, LACTATED RINGERS INJECTION USP, Pharmacy, 96

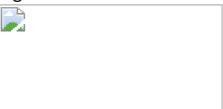
Doctor's Name: AISHA signature with seal:

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical sementioned 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	
(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	-