



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: 14-Oct-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1985-5963246-2
Card Holder's Name: VIJITH OLLUR MARASSARI Age: 38Y - 9M - Sex: Male
Name: KOCHUNNY
Card Holder's Tel No: Mobile No: 0553049546
Ins Card No: I019-010-117676262-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp 36.6 B.P. 110 Pulse. 58
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified, E86.0 - Dehydration

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 0148-116601-1001, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INJECTION , Pharmacy, 0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy, 0102-1 SODIUM CHLORIDE B.P. , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 96374, THER/PROPHYLAXIS , Co.Pay, 96360, HYDRATION IV INFUSION INIT , Co.Pay, 9, Consultation Gp , G

Doctor's Name: Humaira

signature with seal:

Dr. Humaira M
General Practitioner
DHA No: 541555
CITICARE MEDICAL CENTER
DUBAI - U.A.E.

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 14-Oct-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CEFUROXIME : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	14
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12

Medicine	Dose	Duration	Quantity
(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (50S, SACHET)	5	5
(SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (12S, BLISTER)	7	21
(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	6