

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:	30)-N	lov-	20	24

Card Holder's Tel No:

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1988-0210752-8

Card Holder's SUNIL KUMAR SURINEEDA GANGADHAR 36Y - 0M -

Name: SURINEEDA

K21.9 - Gastro-esophageal reflux disease without esophagitis

Mobile No: 0545109753

Ins Card No: 1005-010-117287584-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details:	Temp <mark>36</mark>	B.P. <mark>120</mark>	Pulse. <mark>86</mark>
Signs & Symptoms: RISK OF	FALL		
Date of Onset Illness:		○ Emergency ○ Work	related O New visit O Follow up
Diagnosis: R50.9 - Fever, uns	specified, R68.84 - Jaw pair	n, K12.39 - Other oral mucositis (ulcerativ	ve), J20.9 - Acute bronchitis, unspe

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

0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONI MG/ML) SOLUTION FOR INJECTION , Pharmacy,9, Consultation Gp , General Consultation



Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001 CITICARE MEDICAL CENTER DUBAI • U.A.E.

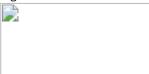
Doctor's Name: AHSAN HUSSAIN signature with seal:

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 abore mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 30-Nov-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14

Medicine	Dose	Duration	Quantity
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	7	14
(SYMPLOCOS RACEMOSA (LODHRA) : 3 MG/1G) (RASANA : 1.6 MG/1G) (TAGAR : 3.2 MG/1G) (KUSHTHA : 4.8 MG/1G) (IRIMED : 134 MG/1G) (KHADIR : 134 MG/1G) (KARPOOR : 1 MG/1G) (YASTIMADHU : 40 MG/1G) (SHARKARA : 150 MG/1G) (CAFFEINE ANHYDROUS : 1.5 MG/1G) (COOL MINT : 25.04 MG/1G) GEL	GEL (10G, ALUMINIUM TUBE)	7	1