

ANNEXURE V

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: 15-Nov Clinic Name: Card Holder' Name: Card Holder's Ins Card No: Company Name:	CITICARE MEDICAL ('s MUHAMMAD AZIZ s Tel No:	khurram AZIZ ABDU Mobile No:	L Age: 43Y - 0D 05216 alid Upto:	981-5875732- 10M - Sex:1 578612 30/9/2025 itionality:Pakis	Male
Name.	Network	NO.			
Clinical Deta	ils: ptoms: RISK FOR FALL	Temp36.8		B.P.102	Pulse. 86
Date of Onse	et Illness :			○ Emerge	ency \bigcirc Work related \bigcirc New visit \bigcirc Follo
Diagnosis: R2	21 - Rash and other no	onspecific skin erupt	ion, R52 - Pai	n, unspecified	d, L23.9 - Allergic contact dermatitis, unspe
Manageme	ent plan (Services insic	le the clinic including	g injections a	nd investigati	ions)
	· · · · · · · · · · · · · · · · · · ·				Co.Pay,0005-111805-1021, CHLOROHISTOL
Doctor's Na	ame: <mark>Humaira</mark>		signa	ture with seal	Dr. Humaira General Pra DHA No: 541 CITICARE MEDICA DUBAI -
Diagnostic Pi	rocedures referred ou	tside:			

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, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 15-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(FLUCONAZOLE : 150 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (1S, BLISTER	5	5
(TERBINAFINE (AS HCL) : 1%) CREAM	CREAM (15G, TUBE)	1	1
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	3	6
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	1