ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, P. O. BOX: 127452, ABU DHABI
Tel – 04 3977841, Fax – 04 3977842
Email – claims@fmchealthcare.ae Toll Free: 800 3426

Reimbursement Medical Expenses Claim form

(Emergency Only)

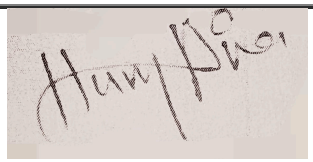
Date: 15-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1981-5875732-2
Card Holder's Name: MUHAMMAD khurram AZIZ ABDUL AZIZ Age: 43Y - 10M - 0D Sex: Male
Card Holder's Tel No: Mobile No: 0521678612
Ins Card No: I005-010-119448912-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 36.8 B.P. 102 Pulse. 86
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: R21 - Rash and other nonspecific skin eruption, R52 - Pain, unspecified, L23.9 - Allergic contact dermatitis, unspecif

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

96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

Doctor's Name: Humaira 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 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