



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: **27-Nov-2024**

Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-1998-2652634-7**

Card Holder's Name: **SHAN MOHAMMAD SURAJ KHAN** Age: **26Y - 6M - 4D** Sex: **Male**

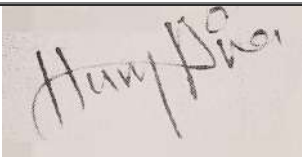
Card Holder's Tel No: Mobile No: **0565578605**

Ins Card No: **I005-010-121540511-01** Valid Upto: **30/9/2025**

Company Name: **FMC Standard Network** Employee No: _____ Nationality: **Indian**



Clinical Details:	Temp 36	B.P. 110	Pulse. 86
Signs & Symptoms: risk of fall			
Date of Onset Illness :		☐ Emergency ☐ Work related ☐ New visit ☐ Follow up	
Diagnosis: R21 - Rash and other nonspecific skin eruption			

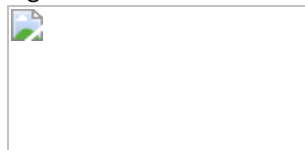
Management plan (Services inside the clinic including injections and investigations)	
9, Consultation Gp , General Consultation	
Doctor's Name: Humaira	signature with seal:  Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.

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 above 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 condition, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date **27-Nov-2024**



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(ALLANTOIN MFR : 0.20% / W/W) (POLYMETHYLMETHACRYLATE MFR : 2% / W/W) (AVOBENZONE USP : 3% / W/W) (ZINC GLUCONATE USP : 0.20% / W/W) (DIISOPROPYL SEBACATE MFR : 2.71% / W/W) (ISOPROPYL LAUROYL SARCOSINATE MFR : 5.57% / W/W) (SILICA BEAD MFR : 2% / W/W) (SODIUM N-STEAROYL-L-GLUTAMIC ACID MFR : 0.75% /	LOTION (120ML, PLASTIC BOTTLE)	1	1

Medicine	Dose	Duration	Quantity
W/W) (OCTISALATE USP : 5% / W/W) (GLYCERIN 99% USP : 5% / W/W) (VITAMIN E ACETATE USP : 0.50% / W/W) (ENOXOLONE EP : 0.25% / W/W) (SUCROSE STEARIC ACID ESTERS MFR : 2% / W/W) (ALUMINUM STARCH OCTENY			