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

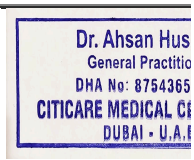
Date: 11-Dec-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-9316020-6
Card Holder's Name: SOHAIL AHMED QAMAR ZAMAN Age: 30Y - 8M - 27D Sex: Male
Card Holder's Tel No: Mobile No: 0581478524
Ins Card No: I019-010-115341155-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 37.1 B.P. 148 Pulse. 108
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: K60.3 - Anal fistula, M54.5 - Low back pain, R50.9 - Fever, unspecified

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

9, Consultation Gp , General Consultation

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 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 11-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(BETAMETHASONE (AS DIPROPIONATE) : 0.5MG / G) (MICONAZOLE NITRATE : 20 MG/G) CREAM	CREAM (30G, TUBE)	7	1
(GLYCERYL TRINITRATE : 0.2 %/G) OINTMENT	OINTMENT (30G, TUBE)	7	1

Patient Signature | Save | Close | Print

Previous History

Date	Doctor	Previous Form
21-Jan-2023	TAHNIYAT	