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: 04-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1987-9864386-6
Card Holder's Name: MD IBRAHIM TARAJUDDIN Age: 37Y - 8M - 2D Sex: Male
Card Holder's Tel No: Mobile No: 971563093585
Ins Card No: I019-010-117633102-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Bangladeshi

Clinical Details: Temp37 B.P.132 Pulse. 86
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: R52 - Pain, unspecified, R50.9 - Fever, unspecified, K05.01 - Acute gingivitis, non-plaque induced, J06.9 - Acute upp infection, unspecified

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

9, Consultation Gp , General Consultation

Doctor's Name: Humaira signature with seal:

Dr. Humaira M
General Practit
DHA No: 541555
CITICARE MEDICAL
DUBAI - U.A

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 04-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(MELOXICAM : 15 MG CAPSULES	CAPSULES (30S, BLISTER	7	7
(CAFFEINE : 60 MG) (PARACETAMOL : 500 MG) TABLETS	TABLETS (30S, BLISTER PACK)	7	28
(AMYLMETACRESOL : 0.6MG) (ASCORBIC ACID (VITAMIN C) : 100 MG) (DICHLOROPHENYLCARBINOL : 1.2 MG) TABLETS	TABLETS (24S, BLISTER PACK)	30	30

Medicine	Dose	Duration	Quan
(CLAVULANIC ACID : 125 MG (AMOXICILLIN : 875 MG TABLETS	TABLETS (14S, STRIP	7	7
(PREDNISOLONE : 5 MG TABLETS	TABLETS (40S, BLISTER	3	3