

ANNEXURE V

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

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-2609163-5 Card Holder's Name: SAJAWAL ALI GHULAM RASOOL Age: 31Y - 0M - 0D Sex: Male

Card Holder's Tel No: 0559916801 Mobile No:

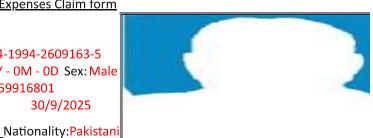
Employee

Ins Card No: 1005-010-117511033-01 Valid Upto: 30/9/2025

Company FMC Standard

Network No:

Name:



Clinical Details:	Temp <mark>36</mark>	B.P.155	Pulse. 102
Signs & Symptoms: RISK OF F	FALL		
Date of Onset Illness:		○ Emergency ○ Wor	k related $ \bigcirc $ New visit $ \bigcirc $ Follow up
Diagnosis: H60 513 - Acute a	ctinic otitis externa bilatera	d G89 29 - Other chronic pain	

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

9, Consultation Gp, General Consultation

Han Die

Dr. Humaira Mumta DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E

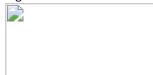
Doctor's Name: Humaira signature with seal:

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 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 con medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 05-Jan-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CIPROFLOXACIN : 0.3% EYE / EAR DROPS	EYE / EAR DROPS (5ML, PLASTIC DROPPER BOTTLE	7	14

Medicine	Dose	Duration	Quantity
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	7	28
(CLINDAMYCIN : 150 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (100S, BLISTER PACK)	3	3