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

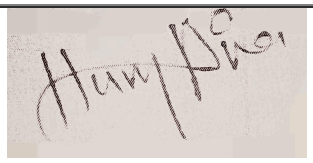
Date: 06-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-1024520-9
Card Holder's Name:MOHSIN KHAN MOHAMMED NIYAZAge:42Y - 4M - 15DSex:Male
Card Holder's Tel No: Mobile No: 0589929842
Ins Card No: I005-010-117360009-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.3 B.P.116 Pulse. 78
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow up
Diagnosis: R21 - Rash and other nonspecific skin eruption, T78.40XA - Allergy, unspecified, initial encounter

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

0005-111805-1021, (CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIA SC/IM , Co.Pay,9, Consultation Gp , General Consultation

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 abo 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 co medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 06-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	1
(TERBINAFINE (AS HCL : 1% CREAM	CREAM (15G, TUBE	1	1