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

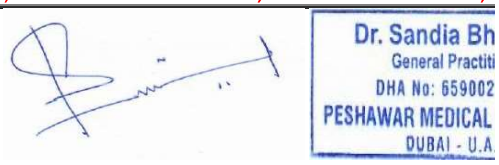
Medical Expenses Claim form

Date: 16-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-5941713-1
Card Holder's Name: RASHID HUSSAIN HUSSAIN ALI Age: 43Y - 0M - 19D Sex: Male
Card Holder's Tel No: Mobile No: 0502443645
Ins Card No: I019-010-117606895-02 Valid Upto: 30/11/2025
Company Name: FMC Standard Network Employee No: _____Nationality: Pakistani

Clinical Details: Temp37 B.P.118 Pulse. 96
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: J02.9 - Acute pharyngitis, unspecified, J20.9 - Acute bronchitis, unspecified, R50.9 - Fever, unspecified, R21 - Rash a nonspecific skin eruption

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0195-1077C CEFTRIAXONE-TABUK IV , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96372, THER/PROP SC/IM , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,9, Consultation Gp , General Consultation,0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy



Doctor's Name: SANDIA 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 16-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(CEFPODOXIME (AS PROXETIL : 200 MG TABLETS	TABLETS (10S, BLISTER	7	7
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	5	15
(TERBINAFINE (AS HCL : 1% GEL (EMULSION	GEL (EMULSION (15G, TUBE	7	14