



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: 26-Feb-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1984-2803249-8
Card Holder's Name: SALMAN MUKHTYAR Age: 40Y - 11M - 12D Sex: Male
Card Holder's Tel No: Mobile No: 0566867438
Ins Card No: I005-010-115889321-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp 36 B.P. 110 Pulse. 86
Signs & Symptoms: risk of fall
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: R21 - Rash and other nonspecific skin eruption, R52 - Pain, unspecified, L03.818 - Cellulitis of other sites

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

0005-111805-1021, (CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION , Pharmacy, 85025, COMPLETE CI
DIFF WBC , Lab, 96372, THER/PROPH/DIAG INJ SC/IM , Co. Pay, 51.02, Non-Surgical Cleansing With Surgical Dressing Between 1
100 Sq Centimeters And 48 Sq Inches / 300 Sq Centimeters , General Consultation, 0195-107704-0802, CEFTRIAXONE-TABUK II
Pharmacy, 9, Consultation Gp , General Consultation, 0125-122107-1022, DEXAMET
MG/ML) SOLUTION FOR INJECTION , Pharmacy

Doctor's Name: DR Amaizah

signature with seal:

Dr. Amaizah I
General Practitioner
DHA: 98486553
CITICARE MEDICAL
DUBAI - U.A.E

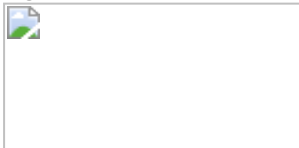
Diagnostic Procedures referred outside:

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

Signature of the Patient



Date 26-Feb-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(NEPAFENAC : 0.1% EYE DROPS	EYE DROPS (5ML, PLASTIC DROPPER BOTTLE	3	6
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	5
(CLAVULANIC ACID : 125 MG (AMOXICILLIN : 875 MG TABLETS	TABLETS (14S, STRIP	3	3

Medicine	Dose	Duration	Quanti
(BETAMETHASONE : 0.10% (FUSIDIC ACID : 2% CREAM	CREAM (15G, COLLAPSIBLE TUBE	5	10