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

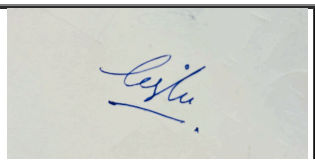
Date: 15-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-7163107-7
Card Holder's Name: MOHOMED MASOOD SAHRAJAN Age: 28Y - 7M - 21D Sex: Male
Card Holder's Tel No: Mobile No: 971563093585
Ins Card No: I019-010-120344526-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp 36.8 B.P. 120 Pulse. 78
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: T31.0 - Burns involving less than 10% of body surface, L98.9 - Disorder of the skin and subcutaneous tissue, unspec

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

9, Consultation Gp , General Consultation,0046-149902-0511, (DICLOFENAC SODIUM : 75 MG/3ML) INJECTION , Pharmacy,96 THER/PROPH/DIAG INJ SC/IM , Co.Pay

Doctor's Name: AISHA signature with seal:



Dr. Aisha U
Physician- General P
DHA- 40131439
CITICARE MEDICA
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 15-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(SILVER SULFADIAZINE : 1% CREAM	CREAM (30G, TUBE	5	10