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

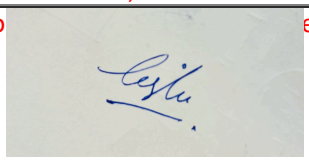
Medical Expenses Claim form

Date: 19-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1985-5394869-0
Card Holder's Name:IRFAN SHAFFI MUHAMMAD SHAFFI Age:39Y - 3M - 16D Sex:Male
Card Holder's Tel No: Mobile No: 0524544336
Ins Card No: I005-010-117977933-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality:Pakistani

Clinical Details: Temp37.9 B.P.113 Pulse. 100
Signs & Symptoms:
Date of Onset Illness :
◯ Emergency ◯ Work related ◯ New visit ◯ Follow
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unspecified, R09.81 - Nasal congestion, R05 - Cough

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,0125-122107
DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,0046-149907-1
(DICLOFENAC SODIUM : 75 MG) SUSTAINED RELEASE TABLETS , Pharmacy,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharma
THER/PROPH/DIAG INJ SC/IM , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co



Dr. Aisha Um
Physician- General Pra
DHA- 40131439-0
CITICARE MEDICAL
DUBAI - U.A.E

Doctor's Name: AISHA 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 a
mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy c
person who has provided medical services to me to furnish any and all information with regard to any medical history, medical
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 19-Mar-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)	3	6
(AMOXICILLIN : 250 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	10
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	15