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

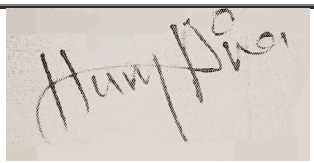
Date: 27-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-8123608-2
Card Holder's Name: USAMA BASHIR BASHIR HUSSAIN Age: 24Y - 1M - 27D Sex: Male
Card Holder's Tel No: Mobile No: 0529062412
Ins Card No: I005-010-118993852-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 36 B.P. 135 Pulse. 98
Signs & Symptoms:
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follo
Diagnosis: I10 - Essential (primary) hypertension, R51.9 - Headache, unspecified, A49.9 - Bacterial infection, unspecified

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

0005-149902-1021, CLOFEN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultat

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmac person who has provided medical services to me to furnish any and all information with regard to any medical history, medic medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 27-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(NAPROXEN : 500 MG TABLETS	TABLETS (10S, BLISTER PACK	5	10
(AMLODIPINE (AS BESYLATE : 5 MG TABLETS	TABLETS (30S, BLISTER	3	3
(DICLOFENAC SODIUM : 50 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10