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

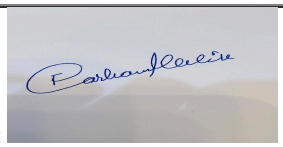
Date: 11-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-9639057-8
Card Holder's Name: ROBERT KAKANDE Age: 31Y - 0M - 5D Sex: Male
Card Holder's Tel No: Mobile No: 0544035764
Ins Card No: I019-010-117911062-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Ugandan

Clinical Details: Temp37.3 B.P.93 Pulse. 76
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R05 - Cough, R53.1 - Weakness, R03.1 - Nonspecific low blood-pressure reading

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0005-149902-1021, CLOFEN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96360, HYDRATION IV INFUSION INIT , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Dr.Farhan Iyas signature with seal:



Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
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 above-mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 11-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	5	0.0000
(PARACETAMOL : 600 MG) (PHENYLEPHRINE HCL : 10 MG) ORAL POWDER	ORAL POWDER (10S, SACHET)	5	15	0.0000
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	1	0.0000
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000