

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

Valid Upto:

Date: 11-Apr-2025

Emirates: 784-1994-9639057-8 Clinic Name: CITICARE MEDICAL CENTER LLC ROBERT KAKANDE Age: 31Y - 0M - 5D Sex: Male Card Holder's Name: 0544035764 Card Holder's Tel No: Mobile No: 1019-010-117911062-01 7/6/2025

Ins Card No: **FMC Standard** Company **Employee**

Name: Network No:



Clinical Details:	Temp37.3	B.P. <mark>93</mark>	Pulse. <mark>76</mark>
Signs & Symptoms: risk of fal			
Date of Onset Illness:		\bigcirc Emergency \bigcirc W	ork related $ igcirc$ New visit $ igcirc$ Follow up visit
Diagnosis: J02.9 - Acute phar Dehydration	yngitis, unspecified, R05 - 0	Cough, R53.1 - Weakness, R03.1 - No	onspecific low blood-pressure reading, E86.0 -

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

Parliamplereine

Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER **DUBAI U.A.E**

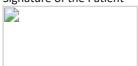
Doctor's Name: Dr.Farhan Iyas signature with seal:

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 abovementioned 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