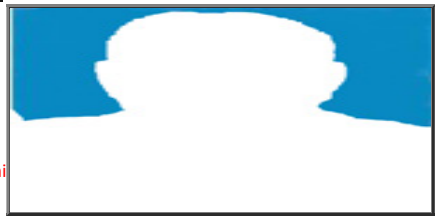
ANNEXURE V

# 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: 13-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1988-3869641-1
Card Holder's Name: SAYED GHAYOOR Age: 37Y - 3M - 12D Sex: Male
Card Holder's Tel No: Mobile No: 0526830107
Ins Card No: I019-010-117651713-02 Valid Upto: 30/11/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Pakistani

Clinical Details: Temp38.3 B.P.113 Pulse. 108
Signs & Symptoms: risk of fall
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J03.91 - Acute recurrent tonsillitis, unspecified, R50.9 - Fever, unspecified, R52 - Pain, unspecified, K29.00 - Acute gastritis without bleeding

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,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Consultation Gp , General Consultation,0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy

Doctor's Name: AISHA signature with seal:

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
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 13-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

| Medicine | Dose | Duration | Quantity | Price |
|---|---|---|---|---|
| (PREDNISOLONE : 20 MG) TABLETS | TABLETS (20S, BLISTER PACK) | 5 | 5 | 0.0000 |
| (PARACETAMOL : 500 MG) FILM COATED TABLETS | FILM COATED TABLETS (24S, BLISTER PACK) | 5 | 15 | 0.0000 |
| (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS | TABLETS (20S, BLISTER PACK) | 5 | 10 | 0.0000 |
| (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) | CAPSULES (HARD GELATIN) (14S, BLISTER) | 5 | 10 | 2.2900 |