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

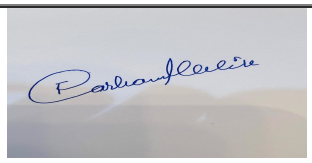
Date: 17-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-1047079-3
Card Holder's Name: WESAM SAADO SALHA Age: 29Y - 3M - 15D Sex: Male
Card Holder's Tel No: Mobile No: 0568936066
Ins Card No: I019-010-115248981-01 Valid Upto: 16/8/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Syrian

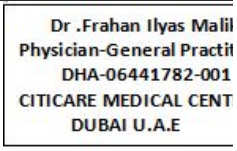
Clinical Details: Temp37 B.P.120 Pulse. 76
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: R25.2 - Cramp and spasm, R51.9 - Headache, unspecified, M25.519 - Pain in unspecified shoulder

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 Consultation

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

Signature of the Patient

Date 17-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10