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: 22-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1986-1843406-6
Card Holder's Name: SHAKEEL MUKHTYAR THANGE THANGE MUKHTYAR MOHAMMAD Age: 38Y - 6M - 24D Sex: Male
Card Holder's Tel No: Mobile No: 0507029989
Ins Card No: I005-010-119448916-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36.3 B.P. 130 Pulse. 76
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: K29.00 - Acute gastritis without bleeding, R52 - Pain, unspecified, R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn, E78.2 - Mixed hyperlipidemia

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

0005-174202-0781, RISEK 40MG , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,82465, ASSAY BLD/SERUM CHOLESTEROL , Lab,9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
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 22-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, HDPE BOTTLE)	14	14	0.0000
(ALUMINIUM HYDROXIDE : N/A) (MAGNESIUM HYDROXIDE : N/A) SUSPENSION	SUSPENSION (180ML, PLASTIC BOTTLE)	5	1	0.0000
(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	3	3	0.0000
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	3	1	0.0000
(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	3	0.0000