

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: 27-Apr-20	U.	25
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1983-8160310-3 Card Holder's Name: SHAHID HUSSAIN MURAD ALI Age: 40Y - 3M - 26D Sex: Male

Card Holder's Tel No: Mobile No: 509109557 Ins Card No: 1019-010-113196247-02 Valid Upto: 30/11/2025

Company FMC Standard Employee Nationality: Pakistani Name: Network



Clinical Details:	Temp36.7	B.P.129	Pulse. <mark>87</mark>			
Signs & Symptoms: risk of fall						
Date of Onset Illness:		\bigcirc Emergency \bigcirc Wo	ork related $ \bigcirc $ New visit $ \bigcirc $ Follow up visit			
Diagnosis: R21 - Rash and other nonspecific skin eruption, K29.00 - Acute gastritis without bleeding, R14.3 - Flatulence, R50.9 - Fever,						
unspecified, R52 - Pain, unspeci	fied, L03.211 - Cellulitis	s of face				

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

85027, COMPLETE CBC AUTOMATED, Lab,0195-107704-0802, CEFTRIAXONE-TABUK IM, Pharmacy,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

Dr. Amaizah Ishtiag DHA: 98486553-001 CITICARE MEDICAL CENTER DUBAI - U.A.E

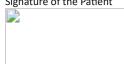
Doctor's Name: DR Amaizah signature with seal:

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 27-Apr-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(BETAMETHASONE : 0.10%) (FUSIDIC ACID : 2%) CREAM	CREAM (15G, TUBE)	7	1	0.0000
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000
(SERRATIOPEPTIDASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	3	3	0.0000