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

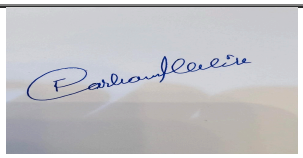
Date: 04-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-7924736-1
Card Holder's Name: KUMAR GURUNG BIRKHA BAHADOR GURUNG Age: 26Y - 11M - 14D Sex: Male
Card Holder's Tel No: Mobile No: 0568829307
Ins Card No: I019-010-119982753-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Nepalese

Clinical Details: Temp 36 B.P. 120 Pulse. 92
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R50.9 - Fever, unspecified, R06.2 - Wheezing

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

0188-135906-2441, PULMICORT , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,9, Consultation Gp , General Consultation,S
AIRWAY INHALATION TREATMENT , Co.Pay

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



Dr .Frahan Ilyas Mali
Physician-General Practi
DHA-06441782-001
CITICARE MEDICAL CENT
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 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 co
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 04-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	1
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	5
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	5	15