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

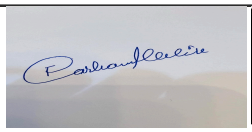
Date: 04-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1966-6398421-7
Card Holder's Name: MAJEED MASIH SARDAR MASIH Age: 59Y - 4M - 1D Sex: Male
Card Holder's Tel No: Mobile No: 0505140326
Ins Card No: I005-010-116125749-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp37 B.P.142 Pulse. 61
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: I10 - Essential (primary) hypertension, E08.65 - Diabetes due to underlying condition w hyperglycemia, E78.5 - Hyperlipidemia, unspecified, M25.561 - Pain in right knee

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

82465, ASSAY BLD/SERUM CHOLESTEROL , Lab,84550, ASSAY OF BLOOD/URIC ACID , Lab,9, Consultation Gp , General Consultation

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



Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
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 04-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(ROSUVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	30	30	0.0000
(VALSARTAN : 160 MG) (AMLODIPINE (AS BESYLATE) : 10 MG) TABLETS	TABLETS (28S, BLISTER)	30	30	0.0000
(METFORMIN HCL : 1000 MG) (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) EXTENDED RELEASE TABLETS	EXTENDED RELEASE TABLETS (56S, HDPE BOTTLE)	30	60	0.0000
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20	0.0000
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	5	1	0.0000