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

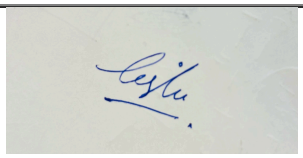
Date: 04-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-7810136-2
Card Holder's Name: ROSHAN LIMBU KALI BAHADUR LIMBU Age: 27Y - 5M - 22D Sex: Male
Card Holder's Tel No: Mobile No: 0581880305
Ins Card No: I019-010-120074161-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Nepalese

Clinical Details: Temp 37.1 B.P. 161 Pulse. 83
Signs & Symptoms: risk for fall
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: R52 - Pain, unspecified, R51.9 - Headache, unspecified, I10 - Essential (primary) hypertension, R50.9 - Fever, unspecifie

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0005-149902-1
CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pa
HYDRATION IV INFUSION INIT , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: AISHA signature with seal:



Dr. Aisha Umer
Physician- General Practitio
DHA- 40131439-002
CITICARE MEDICAL CEN
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
(CELECOXIB : 100 MG) CAPSULES	CAPSULES (30S, BLISTER)	5	10
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	5	10