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

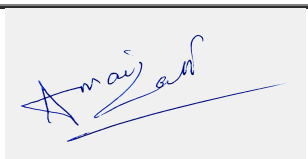
Date: 17-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-4272200-3
Card Holder's Name: hlaing min Age: 26Y - 4M - 17D Sex: Male
Card Holder's Tel No: Mobile No: 0503014261
Ins Card No: I005-010-120076126-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Myanmarese

Clinical Details: Temp36.4 B.P.102 Pulse. 51
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: L02.411 - Cutaneous abscess of right axilla, R21 - Rash and other nonspecific skin eruption, R52 - Pain, unspecified, unspecified

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

85027, COMPLETE CBC AUTOMATED , Lab,0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,96372, THER/PROPH/DIAG Co.Pay,0005-149902-1021, CLOFEN , Pharmacy,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM

Doctor's Name: DR Amaizah signature with seal:



Dr. Amaizah I
General Practit
DHA: 98486553
CITICARE MEDICAL
DUBAI - U.A

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 17-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, STRIP)	7	14
(DICLOFENAC SODIUM : 1 MG/ML) EYE DROPS	EYE DROPS (5ML, DROPPER BOTTLE)	3	6
(BETAMETHASONE : 0.10%) (FUSIDIC ACID : 2%) CREAM	CREAM (15G, COLLAPSIBLE TUBE)	5	1
(SERRATIOPEPTIDASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	3	3