

**ANNEXURE V****F M C NETWORK UAE**

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842  
 Email – [approval@fmchealthcare.ae](mailto:approval@fmchealthcare.ae) Helpline Number: 600-565691

Medical Expenses Claim form

Date: 22-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1992-4073736-3

Card Holder's Name: AZHAR ALI MUBARAK ALI

Age: 32Y - 8M - 1D Sex: Male

Card Holder's Tel No:

Mobile No:

0569295411

Ins Card No: I019-010-120440513-01

Valid Upto: 5/5/2026

Company FMC Standard

Employee

Name: Network

No:

Nationality: Pakistani

Clinical Details:

Temp 37.2

B.P. 150

Pulse: 88

Signs &amp; Symptoms:

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified

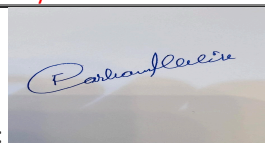


Management plan (Services inside the clinic including injections and investigations)

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 96361, HYDRATE IV INFUSION ADD-ON , Co.Pay

Doctor's Name: Dr. Farhan Ilyas

signature with seal:



Dr. Farhan 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 22-May-2025

Pharmaceuticals (to be filled by treating doctor only)

| Medicine                                              | Dose                               | Duration | Quantity | Price  |
|-------------------------------------------------------|------------------------------------|----------|----------|--------|
| (MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS (30S, BLISTER) | 5        | 5        | 0.0000 |