



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: 26-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1988-0210752-8

Card Holder's Name: SUNIL KUMAR SURINEEDA GANGADHAR Age: 36Y - 5M - 29D Sex: Male

Card Holder's Tel No: Mobile No: 0545109753

Ins Card No: I005-010-117287584-01 Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp 36 B.P. 129 Pulse: 100
 Signs & Symptoms: RISK OF FALL
 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
 Diagnosis: K12.2 - Cellulitis and abscess of mouth, R52 - Pain, unspecified, K12.30 - Oral mucositis (ulcerative), unspecified

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

9, Consultation Gp , General Consultation

Doctor's Name: Dr.Farhan Iyas

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 26-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMOXICILLIN : 500 MG) CAPSULES	CAPSULES (20S, BLISTER)	5	10	0.9000
(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	5	10	0.0000