

## 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: 13-Jun-20 Clinic Name: C Card Holder's Name: Card Holder's To Ins Card No: Company Name:	CITICARE MEDICAL C TEK BAHADUR K KHADKA	HADKA YAM BAHA Mobile No:	nirates: 784-1999-8163771-5 ADUR		
Clinical Details:	DISK 500 5411	Temp36.6	B.P.160	Pulse. <mark>88</mark>	

John Datanor	10111p0010	2200	. 4.56.						
Signs & Symptoms: RISK FOR	FALL								
Date of Onset Illness:		$\bigcirc$ Emergency $\bigcirc$ Work related $\bigcirc$ New visit $\bigcirc$ Follow up visit							
•	Diagnosis: L02.92 - Furuncle, unspecified, R52 - Pain, unspecified, R22.9 - Localized swelling, mass and lump, unspecified, L02.214 -								
Cutaneous abscess of groin									
Management plan (Service:	s inside the clinic including in	niections and investigations)							

Wanagement plan (Services inside the clinic including injections and investigations)						
35027, COMPLETE CBC AUTOMATED	, Lab,9	, Consultation Gp , General Consultation				

Conhanglacin

Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E

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

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 13-Jun-2025



## Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(DOXYCYCLINE : 100 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (10S, BLISTER)	7	7	0.0000
(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	7	21	0.0000
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	7	7	0.0000
(FUSIDIC ACID : 2%) CREAM	CREAM (15G, COLLAPSIBLE TUBE)	5	1	0.0000