

**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: 11-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1978-0743064-6

Card Holder's Name: ANJUM UZ ZAMAN MUHAMMAD AKRAM Age: 46Y - 7M Sex: Male

Card Holder's Tel No: _____ Mobile No: 0563233076

Ins Card No: I005-010-119379225-01 Valid Upto: 30/9/2025

Company Name: FMC DHA BASIC Employee No: _____ Nationality: Pakistani



Clinical Details: Temp 36.8 B.P. 139 Pulse: 112
Signs & Symptoms: Risk of Fall
Date of Onset Illness : _____
Diagnosis: R21 - Rash and other nonspecific skin eruption, L02.32 - Furuncle of buttock, L03.317 - Cellulitis of buttock

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 11-Jul-2025

7/11/2025 1:19:02 AM

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	15	0.0000
(FUSIDIC ACID : 2%) CREAM	CREAM (15G, COLLAPSIBLE TUBE)	5	1	0.0000