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

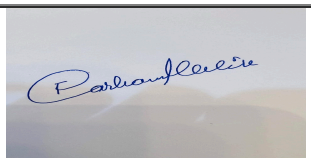
Date: 11-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2004-8620475-1
Card Holder's Name: MD Tarek Ahmmed Age: 21Y - 3M - 4D Sex: Male
Card Holder's Tel No: Mobile No: 0552137870
Ins Card No: I019-010-120464361-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____Nationality:Bangladeshi

Clinical Details: Temp37.2 B.P.130 Pulse. 100
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R09.81 - Nasal congestion, R51.9 - Headache, unspecified, R53.1 - Weakness

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

0188-135906-2441, PULMICORT , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,0005-149902-1021, CLOFEN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,94640, AIRWAY INHALATION TREATMENT , Co.Pay

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



Dr .Frahan 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

Pharmaceuticals (to be filled by treating doctor only)

| Medicine | Dose | Duration | Quantity | Price |
|---|---|---|---|---|
| (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP | SYRUP (200ML, BOTTLE) | 5 | 1 | 0.0000 |
| (PARACETAMOL : 500 MG) FILM COATED TABLETS | FILM COATED TABLETS (48S, BLISTER PACK) | 5 | 15 | 0.0000 |
| (LORATADINE : 10 MG) TABLETS | TABLETS (10S, BLISTER PACK) | 5 | 10 | 0.0000 |

| 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 |
| (SODIUM CHLORIDE : 0.9 % W/W) (N-ACETYL CYSTEINE : 1% W/W) (METHYLSULFONYLMETHANE : 1% W/W) NASAL SPRAY | NASAL SPRAY (20ML, SPRAY BOTTLE) | 5 | 1 | 0.0000 |