

**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: 784-1994-8502700-2
 Card Holder's Name: LUKE KNOX Age: 30Y - 11M - 10D Sex: Male
 Card Holder's Tel No: Mobile No: 0585233918
 Ins Card No: I005-010-122181986-01 Valid Upto: 30/9/2025
 Company FMC Standard Employee South
 Name: Network No: Nationality: African



Clinical Details: Temp 36.6 B.P. 150 Pulse. 78
 Signs & Symptoms:
 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
 Diagnosis: K05.01 - Acute gingivitis, non-plaque induced, R52 - Pain, 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 11-Jul-2025

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