

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-Jul-2025						
Clinic Name	CITICARE MEDICAL CENTER LLC	Fmirates:	784			

mirates: 784-2004-8620475-1 Age: 21Y - 3M - 6D Sex: Male Card Holder's Name: MD Tarek Ahmmed 0552137870 Card Holder's Tel No: Mobile No:

Ins Card No: 1019-010-120464361-02 Valid Upto: 7/6/2026

Company FMC Standard Employee _Nationality:Bangladeshi Name: Network No:



Clinical Details:	Temp <mark>37</mark>	B.P. <mark>120</mark>	Pulse. 100			
Signs & Symptoms: RISK OI	FALL					
Date of Onset Illness:		\bigcirc Emergency \bigcirc Work related \bigcirc New visit \bigcirc Follow up visit				
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, A49.9 - Bacterial infection, unspecified, R51.9 - Headache, unspecified						

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

, 0005-149902-1021, CLOFEN, Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM, Co.Pay,0195-107704-0801, CEFTRIAXONE-TABUK IV Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 96360, HYDRATION IV INFUSION INIT, 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**

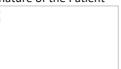
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Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the abovementioned 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-Jul-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000