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: 19-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2003-3461381-5
Card Holder's Name: AHMAD KHEDR ABDO Age: 22Y - 0M - 2D Sex: Male
Card Holder's Tel No: Mobile No: 0553571014
Ins Card No: I019-010-122016139-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Syrian

Clinical Details: Temp36.6 B.P.131 Pulse. 65
Signs & Symptoms:
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R52 - Pain, unspecified, J30.89 - Other allergic rhinitis

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 .Frahan Ilyas
Physician-General P
DHA-0644178
CITICARE MEDICAL
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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 19-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(SODIUM AESCINATE : 20 MG) TABLETS	TABLETS (40S, BOX)	5	10
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10