



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: 25-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-1831593-1
Card Holder's Name: JESSI DYLAN Age: 27Y - 4M - 12D Sex: Male
Card Holder's Tel No: Mobile No: +97433973429
Ins Card No: I005-010-122368598-01 Valid Upto: 30/9/2025
Company FMC Standard Employee South
Name: Network No: Nationality: African



Clinical Details: Temp 36.7 B.P. 120 Pulse. 78
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R07.0 - Pain in throat, R05 - Cough, R51.9 - Headache, unspecified, R09.81 - congestion

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

0188-135906-2441, PULMICORT , Pharmacy, 85027, COMPLETE CBC AUTOMATED , Lab, 9, Consultation Gp , General Consultation

Doctor's Name: Dr. Farhan Ilyas

signature with seal:

Dr. Farhan Ilyas
Physician-General F
DHA-06441782
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, medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 25-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER)	5	15
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10

Medicine	Dose	Duration	Quantity
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	1