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: 27-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1985-5394869-0
Card Holder's Name:IRFAN SHAFFI MUHAMMAD SHAFFI Age:39Y - 7M - 24D Sex:Male
Card Holder's Tel No: Mobile No: 0524544336
Ins Card No: I005-010-117977933-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality:Pakistani

Clinical Details: Temp37.6 B.P.150 Pulse. 90
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: J30.9 - Allergic rhinitis, unspecified, R50.9 - Fever, unspecified, R52 - Pain, unspecified, R05 - Cough

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,9, Consultation Gp , General Consultation,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

Doctor's Name: KEERTHANA signature with seal:

د. كيرثانا راني باديبورايل ثارا
Dr. Keerthana Rani Padippurayil Thara
General Practitioner
License No.: 37864046-001
مركز سيتيكير الطبي ذم م
CITICARE MEDICAL CENTER LLC

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 27-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	3	12	0.0000
(DESLORATADINE : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	5	5	0.0000
(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	5	75	0.0000