

**ANNEXURE V****F M C NETWORK UAE**

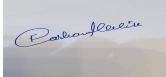
P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

Date: 30-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1993-2925972-7
Card Holder's Name: GAGAN KHATI Age: 32Y - 3M - 16D Sex: Male
Card Holder's Tel No: Mobile No: 0556465156
Ins Card No: I005-010-122895588-01 Valid Upto: 30/9/2025
Company: FMC Standard Employee No: _____ Nationality: Nepalese
Name: Network



Clinical Details: Temp 36.8 B.P. 110 Pulse. 84
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
Diagnosis: L20.84 - Intrinsic (allergic) eczema, T78.40XS - Allergy, unspecified, sequela, H60.512 - Acute actinic otitis externa, left ear, A49.9 - Bacterial infection, unspecified

Management plan (Services inside the clinic including injections and investigations)
0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy, 96372, THER/PROPH/DIAG INI SC/IM , Co.Pay, 9, Consultation Gp , General Consultation
Doctor's Name: Dr. Farhan Iyas signature with seal:  Dr. Farhan Iyas 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 30-Jul-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000
(BETAMETHASONE (AS DIPROPIONATE) : 0.5MG / G) (MICONAZOLE NITRATE : 20 MG/G) CREAM	CREAM (30G, TUBE)	5	1	0.0000
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000
(DEXAMETHASONE : 0.10%) (TOBRAMYCIN : 0.3%) EYE DROPS	EYE DROPS (5ML, DROPPER BOTTLE)	5	1	0.0000