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: 06-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-6906608-0
Card Holder's Name: ABRAR HASSAN NOOR HASSAN Age: 25Y - 5M - 0D Sex: Male
Card Holder's Tel No: Mobile No: 0529289701
Ins Card No: I019-010-121177972-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp36.8 B.P.120 Pulse. 80
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: L03.317 - Cellulitis of buttock, R52 - Pain, unspecified, R50.9 - Fever, unspecified, L04.8 - Acute lymphadenitis of oth

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

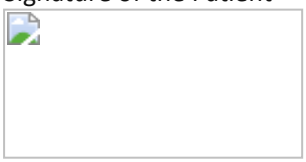
0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,85025, COMPLETE C
DIFF WBC , Lab,51.02, Non-Surgical Cleansing With Surgical Dressing Between 16 Sq Inches / 100 Sq Centimeters And 48 Sq In
Centimeters , General Consultation,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

Doctor's Name: KEERTHANA signature with seal:

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 06-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	10
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	5
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	2	4

Medicine	Dose	Duration	Quant
(SODIUM AESCINATE : 20 MG) TABLETS	TABLETS (40S, BOX)	2	4
(BETAMETHASONE : 0.10%) (FUSIDIC ACID : 2%) CREAM	CREAM (15G, COLLAPSIBLE TUBE)	5	10