

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: 09-Aug-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-7132340-9
Card Holder's Name: VISHAL RAM CHANDER Age: 26Y - 2M - 2D Sex: Male

Card Holder's Tel No: Mobile No: 0505718247
Ins Card No: 1019-010-122177449-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: Nationality: Indian



| Clinical Details: | Temp36.6 | B.P. 110 | Pulse. 78 | | | | | |
|--|----------|------------------|---|--|--|--|--|--|
| Signs & Symptoms: risk of fall | | | | | | | | |
| Date of Onset Illness: | | ○ Emergency ○ Wo | ork related O New visit O Follow up visit | | | | | |
| Diagnosis: M25.561 - Pain in right knee, S80.01XS - Contusion of right knee, sequela | | | | | | | | |

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

0005-149902-1021, CLOFEN, Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM, Co.Pay,9, Consultation Gp, General Consultation

Codonflerein

Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E

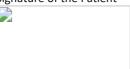
Doctor's Name: Dr.Farhan lyas signature with seal:

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 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 09-Aug-2025



Pharmaceuticals (to be filled by treating doctor only)

| Medicine | Dose | Duration | Quantity | Price |
|--|---|----------|----------|--------|
| (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, BLISTER PACK) | 5 | 10 | 0.0000 |
| (NAPROXEN: 500 MG) TABLETS | TABLETS (10S, BLISTER PACK) | 5 | 10 | 0.0000 |
| (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL | GEL (100G, TUBE) | 5 | 1 | 0.0000 |