

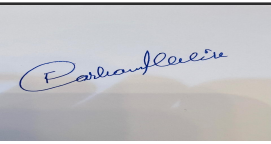
**ANNEXURE V****F M C NETWORK UAE**

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

Medical Expenses Claim formDate: **11-Aug-2025**Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-1998-8482131-7**Card Holder's Name: **KHARAK SINGH KISHAN SINGH** Age: **27Y - 0M - 27D** Sex: **Male**Card Holder's Tel No: Mobile No: **0569469783**Ins Card No: **I005-010-119076401-01** Valid Upto: **30/9/2025**Company Name: **FMC Standard Network** Employee No: _____ Nationality: **Indian**

Clinical Details:	Temp 36.8	B.P. 105	Pulse. 88
Signs & Symptoms: RISK FOR FALL			
Date of Onset Illness :		☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit	
Diagnosis: K29.00 - Acute gastritis without bleeding, M79.10 - Myalgia, unspecified site, R53.1 - Weakness, R03.1 - Nonspecific low blood-pressure reading, E86.0 - Dehydration			

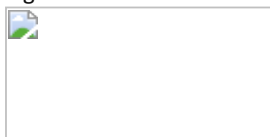
Management plan (Services inside the clinic including injections and investigations)
0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Dr.Farhan Ilyas signature with seal:	 Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E
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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 **11-Aug-2025**

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000
(SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET)	3	3	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	5	5	1.9600