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

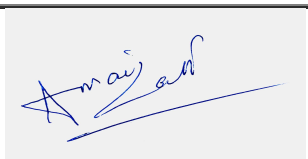
Date: 17-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1988-2931736-5
Card Holder's Name: RESHAM BAHADUR MALLA Age: 37Y - 6M - 9D Sex: Male
Card Holder's Tel No: Mobile No: 0507450160
Ins Card No: I019-010-117477486-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____Nationality:Nepalese

Clinical Details: Temp36.4 B.P.120 Pulse. 76
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: R21 - Rash and other nonspecific skin eruption, H10.11 - Acute atopic conjunctivitis, right eye, R52 - Pain, unspecifi Fever, unspecified, H10.501 - Unspecified blepharoconjunctivitis, right eye

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

9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah signature with seal:



Dr. Amaizah I
General Practit
DHA: 98486553
CITICARE MEDICAL
DUBAI - U.A

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 17-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(DEXAMETHASONE : 0.10%) (TOBRAMYCIN : 0.3%) EYE DROPS	EYE DROPS (5ML, DROPPER BOTTLE)	7	1
(NAPHAZOLINE : 0.025%) (PHENIRAMINE MALEATE : 0.3%) EYE DROPS	EYE DROPS (15ML, DROPPER BOTTLE)	5	1