

## 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: 2 | Ս-Au | g-20 | 125 |
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|---------|------|------|-----|

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-7447631-1 Card Holder's Name: DORJEE SHERPA GYALJE SHERPA Age: 25Y - 8M - 25D Sex: Male

Card Holder's Tel No: Mobile No: 0544955361
Ins Card No: 1005-010-121925204-01 Valid Upto: 30/9/2025

Company FMC Standard Employee

Name: Network No: Nationality:Nepalese



Clinical Details: Temp36.5 B.P.120 Pulse. 78
Signs & Symptoms: RISK OF FALL

Date of Onset Illness: Emergency Work related New visit Follow
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R06.7 - Sneezing, R05 - Cough, R09.81 - Nasal congestion, R5
Weakness

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

0188-135906-2441, PULMICORT, Pharmacy,85027, COMPLETE CBC AUTOMATED, Lab,94640, AIRWAY INHALATION TREATME Consultation Gp, General Consultation

Contranfloreire

Dr .Frahan Ilyas Physician-General F DHA-06441782 CITICARE MEDICAL DUBAI U.A.E

Doctor's Name: Dr.Farhan Iyas

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 20-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

| Medicine  | Dose                                  | Duration | Quan |
|---|---------------------------------------|----------|------|
| (LORATADINE : 10 MG) TABLETS  | TABLETS (10S, BLISTER PACK)           | 5        | 10   |
| (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, FOIL STRIP) | 5        | 10   |
| (PARACETAMOL : 600 MG) (PHENYLEPHRINE HCL : 10 MG) ORAL POWDER        | ORAL POWDER (10S, SACHET)             | 5        | 15   |