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

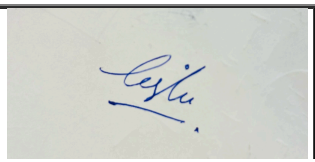
Date: 20-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1988-5096149-5
Card Holder's Name: QASIM SULTAN SARDAR JEHANGIR KHAN Age: 36Y - 11M - 24D Sex:Male
Card Holder's Tel No: Mobile No: 0552621476
Ins Card No: I005-010-122425862-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Pakistani

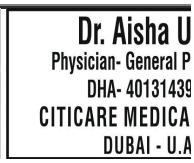
Clinical Details: Temp36.2 B.P.130 Pulse. 80
Signs & Symptoms:
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: M79.601 - Pain in right arm, R22.31 - Localized swelling, mass and lump, right upper limb

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: AISHA 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	Quantity
(SODIUM AESCINATE : 20 MG) TABLETS	TABLETS (40S, BOX)	5	10
(ETORICOXIB : 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (7S, BLISTER)	5	10
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	5	10