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

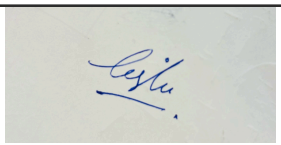
Date: 21-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1984-2147322-8
Card Holder's Name: MD MASUD RANA ABUL KALAM AJAD Age: 41Y - 0M - 17D Sex: Male
Card Holder's Tel No: Mobile No: 0544879300
Ins Card No: I019-010-116845727-02 Valid Upto: 25/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Bangladeshi

Clinical Details: Temp 36.4 B.P. 110 Pulse. 78
Signs & Symptoms: RISK OF FALL
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: L23.5 - Allergic contact dermatitis due to other chemical products, R21 - Rash and other nonspecific skin eruption, L29.8 - Other pruritus

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

82785, ASSAY OF IGE , Lab,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,85025, COMPLETE CBC W/AUTO DIFF WBC , Lab

Doctor's Name: AISHA signature with seal:



Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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 21-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	10	10	0.0000
(PREDNISOLONE : 20 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	10	10	0.0000