

Date: 23-Aug-2025

ANNEXURE V

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

Clinic Namos	CITICARE MEDICAL CENT	EDILC	Emirator	704 1066	6398421-7
Card Holder's	Name: MAJEED MASIH S	Sardar Ma	ASIH Age:	59Y - 7M - I	20D Sex:Male
Card Holder's	Tel No:	Mobile No):	05051403	26
Ins Card No:	1005-010-116125749	-01	Valid U	pto: 30	0/9/2025
Company	FMC Standard	Employee			

FMC Standard Employee _Nationality:Pakistani Name: Network No:



Clinical Details:	Temp <mark>36.2</mark>	B.P.120	Pulse. <mark>72</mark>
Signs & Symptoms: risk of	fall		
Date of Onset Illness:		○ Emergency ○ Work	related O New visit O Follov
Diagnosis: L03.90 - Cellulit	is, unspecified, M79.18 - My	yalgia, other site	

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

9, Consultation Gp , General Consultation



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

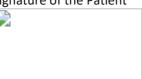
Doctor's Name: Dr.Farhan Iyas signature with seal:

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 23-Aug-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(FUSIDIC ACID : 2%) CREAM	CREAM (15G, COLLAPSIBLE TUBE)	5	1
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER)	5	1