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: 03-Aug-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1963-1694369-3
Card Holder's Name: REVILSON PAULO FERNANDES Age: 59Y - 7M - 2D Sex: Male
Card Holder's Tel No: Mobile No: 563093585
Ins Card No: I019-010-115402334-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.6 B.P.130 Pulse. 122
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follo
Diagnosis: R11.2 - Nausea with vomiting, unspecified, R50.9 - Fever, unspecified, E08.3559 - Diabetes with stable prolif diabeti unsp, E78.5 - Hyperlipidemia, unspecified, M54.5 - Low back pain

Management plan (Services inside the clinic including injections and investigations)
0005-150401-1111, (METOCLOPRAMIDE : 5 MG/5ML) SUSPENSION , Pharmacy,0005-174202-0781, RISEK 40MG-(OMEPRAZOI POWDER FOR INFUSION , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/M SOLUTION FOR INJECTION , Pharmacy,0102-111908-1001, SODIUM CHLORIDE B.P.-(SODIUM CHLORIDE : 0.9% W/V) SOLUTION INFUSION , Pharmacy,82948, REAGENT STRIP/BLOOD GLUCOSE , Lab,9, Consultatic THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96360, HYDRATION IV INFUSION Co.Pay

Dr. Enomen Goodl
General Practiti
DHA No: 280408
CITICARE MEDICAL C
DUBAI - U.A.

Doctor's Name: Enomen Goodluck 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 a 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, medical medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 03-Aug-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant

Medicine	Dose	Duration	Quant
(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	14
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7	14
(VILDAGLIPTIN : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS	FILM COATED TABLETS (60S, BLISTER PACK)	30	60
(ATORVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	30	30
(DEXTROSE ANHYDROUS : 2.7 G/200ML) (SODIUM CHLORIDE : 0.52 G/200ML) (POTASSIUM CHLORIDE : 0.3 G/200ML) (SODIUM CITRATE : 0.58 G/200ML) ORAL LIQUID	ORAL LIQUID (200ML, PACKETS)	7	21