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: 05-Aug-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-6969037-5
Card Holder's Name: MYA THAZIN KHINE Age: 29Y - 2M - 21D Sex: Female
Card Holder's Tel No: Mobile No: 0525146406
Ins Card No: I019-010-115402222-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Myanmarese

Clinical Details: Temp36.7 B.P.110 Pulse. 78
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified, R11.0 - Nausea, R10.13 - Epigastric pain

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

0005-174202-0781, RISEK 40MG-(OMEPRAZOLE : 40 MG) POWDER FOR INFUSION , Pharmacy,96372, THER/PROPH/DIAG INJ S
Co.Pay,0005-136504-1021, SCOPINAL , Pharmacy,0135-149902-0512, (DICLOFENAC SODIUM : 75 MG/3ML) INJECTION , Pharm
INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0135-116611-1001, (METRONIDAZOLE : 0.5%) SOLUTION FOR INF
Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ , Pharmacy,9,
Gp , General Consultation,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Doctor's Name: AHSAN HUSSAIN 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 ab
mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy c
person who has provided medical services to me to furnish any and all information with regard to any medical history, medical c
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 05-Aug-2024

Pharmaceuticals (to be filled by treating doctor only)

| Medicine | Dose | Duration | Quant |
|---|---|---|---|
| (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN) | CAPSULES (HARD GELATIN) (5S, BLISTER PACK) | 7 | 7 |
| (ESOMEPRAZOLE : 20 MG) CAPSULES (HARD GELATIN) | CAPSULES (HARD GELATIN) (14S, BLISTER PACK) | 7 | 14 |
| (METOCLOPRAMIDE : 10 MG) TABLETS | TABLETS (20S, BLISTER PACK) | 3 | 9 |
| (HYOSCINE : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, BLISTER PACK) | 5 | 10 |

| Medicine | Dose | Duration | Quant |
|---|---|---|---|
| (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS | CAPLETS (24S, BOX) | 5 | 10 |