

ANNEXURE V

FMCNETWORKUAE

P. O. BOX: 50430, DUBAI, **Tel - 04 3871900, Fax - 04 3977842 Email - approval@fmchealthcare.ae Helpline Number: 600-565691**

Medical Expenses Clar Date: 16-Sep-2024 Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1981-4260 Card Holder's Name: MOISES ANGELO DA SILVEIRA Age: 42Y - 9M - 0D S Card Holder's Tel No: Mobile No: 0505097578 Ins Card No: I017-010-119304765-01 Valid Upto: 2/5/2 Company Name: FMC Standard Network Employee No:Nationality:	860-7 ex: Male 025		
Clinical Details: Temp <mark>36.6</mark> B.P. 102	Pu	lse. <mark>58</mark>	
Signs & Symptoms: RISK FOR FALL			
Date of Onset Illness : OEm	ergency O Work related O N	New visit (Follo
Diagnosis: K29.00 - Acute gastritis without bleeding, K51.90 - Ulcerative coliti	s, unspecified, without compli	cations, R10).9 - Un
abdominal pain			
Management plan (Services inside the clinic including injections and investi	gations)		
9, Consultation Gp , General Consultation	,		
Doctor's Name: Enomen Goodluck signature with	seal:	CITICARE I	eral Practiti No: 280408:
Diagnostic Procedures referred outside:			
I hereby authorize the physician, Hospital or pharmacy to file a claim for med mentioned examination/Investigation/therapy is given to me by the doctor. I person who has provided medical services to me to furnish any and all inform medical services and copies of all medical and Clinic records. Signature of the Patient Date 16-Sep-2024	hereby authorize any Clinic, Ph	nysician, Pha	armacy
Pharmaceuticals (to be filled by treating doctor only)			
Medicine	Dose	Duration	Quan

1 of 2

Medicine	Dose	Duration	Quant
(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	14	28
(HYOSCINE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10
(ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	5	30

2 of 2