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

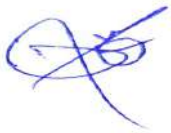
Medical Expenses Claim form

Date: 30-Nov-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-8707578-7
Card Holder's Name: Mohamed Ali Chouika Age: 25Y - 1M - 26D Sex: Male
Card Holder's Tel No: Mobile No: 0506108904
Ins Card No: I019-010-118547042-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Moroccan

Clinical Details: Temp36 B.P.110 Pulse. 86
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: R19.7 - Diarrhea, unspecified, R11.2 - Nausea with vomiting, unspecified, E86.0 - Dehydration, R10.13 - Epigastric p
Acute gastritis without bleeding, K21.9 - Gastro-esophageal reflux disease without esophagitis

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

0135-116611-1001, (METRONIDAZOLE : 0.5%) SOLUTION FOR INFUSION , Pharmacy,0005-136504-1021, SCOPINAL , Pharmacy
150403-1021, (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,96365, IV INFUSION THERAPY/PROPH
1ST TO 1 HR , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,82947, ASS
BLOOD QUANT , Lab,9, Consultation Gp , General Consultation



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 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 30-Nov-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	14
(HYOSCINE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (200S, BLISTER PACK	7	14
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	14

Medicine	Dose	Duration	Quant
(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BOX)	7	14
(DEXTROSE ANHYDROUS : 20 G) (SODIUM CHLORIDE : 3.5 G) (POTASSIUM CHLORIDE : 1.5 G) (SODIUM CITRATE : 2.9 G) POWDER FOR ORAL SOLUTION	POWDER FOR ORAL SOLUTION (25 X 30G, SACHET)	7	14