

## 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

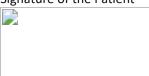
Medical Expenses Claim form

Date: 20-Dec-2024 Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1979-1416326-2 Card Holder's Name: I WAYAN SUYADNYA Age: 45Y - 6M - 9D Sex: Male Card Holder's Tel No: Mobile No: 0508075253 Ins Card No: 1019-010-112614572-01 Valid Upto: 7/6/2025 Company FMC Standard **Employee** Nationality: Indonesian Name: Network No: Clinical Details: Temp36.4 B.P.160 Pulse. 98 Signs & Symptoms: RISK FOR FALL Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follow up Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, J30.9 - Allergic rhinitis, unspecified, R50.9 - Fever, unspecified, K29.00 - Acute gastritis without bleeding Management plan (Services inside the clinic including injections and investigations) 0188-135906-2441, PULMICORT-(BUDESONIDE: 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, Pharmacy, 94640, AIRWAY INHALA TREATMENT , Co.Pay,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,01 107704-0801. CEFTRIAXONE-TABUK IV. Pharmacv.96365. IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR. Co.Pav.96372. THER/PROPH/DIAG INJ SC/IM, Co.Pay,9, Consultation Gp, General Consultation Dr. Humaira Mumta **General Practitioner** DHA No: 54155530-00 CITICARE MEDICAL CENTE **DUBAI - U.A.E** Doctor's Name: Humaira 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 abore mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 20-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CAFFEINE: 65 MG) (PARACETAMOL: 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	1

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5
(AZITHROMYCIN : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER	7	7
(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	1
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	14