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: 28-Dec-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-2237484-1
Card Holder's Name: HTET LYNN Age: 26Y - 3M - 12D Sex: Male
Card Holder's Tel No: Mobile No: 0558553186
Ins Card No: I005-010-120076121-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Myanmarese

Clinical Details: Temp36.8 B.P.128 Pulse. 76
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified, R19.7 - Diarrhea, unspecified, R53.1 - Weakness, E86.0 - Dehydr

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0131-116601-1001, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSIC
Pharmacy,0005-174202-0781, RISEK 40MG , Pharmacy,0005-136504-1021, SCOPINAL , Pharmacy,96360, HYDRATION IV INFUSION
Co.Pay,0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,9, Consultation Gp , General Consultation,96365, IV INF
THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96372, THER/PROPH/DIAG INJ S
Co.Pay

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck
General Practitioner
DHA No: 28040827-00
CITICARE MEDICAL CENTE
DUBAI - U.A.E.

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 abo
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 co
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 28-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	1	2

Medicine	Dose	Duration	Quantity
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14
(PANTOPRAZOLE (AS SODIUM) : 20 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	10	20
(SPORE OF BACILLUS CLAUSI : 2 BILLION/5ML) SUSPENSION	SUSPENSION (10 X 5ML, BOTTLE)	7	14