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: 16-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1990-5991290-9
Card Holder's Name: FURAHA NTIBINCAKO Age: 34Y - 8M - 19D Sex: Female
Card Holder's Tel No: Mobile No: 0544677778
Ins Card No: I005-010-116700145-02 Valid Upto: 6/9/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Burundian

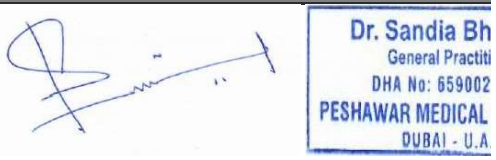
Clinical Details: Temp36.8 B.P.120 Pulse. 82
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: J02.9 - Acute pharyngitis, unspecified, J30.9 - Allergic rhinitis, unspecified, K29.00 - Acute gastritis without bleeding

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

0005-174202-0781, RISEK 40MG-(OMEPRAZOLE : 40 MG) POWDER FOR INFUSION , Pharmacy,2190-106618-1001, PARAFUSIV
10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,85025, COMPLETE CBC W/AUTO DIFF WBC , La
INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,9, Consultation G

Consultation

Doctor's Name: SANDIA 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 16-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	5
(CEFPODOXIME (AS PROXETIL : 200 MG FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER	5	5
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG GASTRO-RESISTANT TABLETS	GASTRO-RESISTANT TABLETS (14S, BLISTER	14	14

Medicine	Dose	Duration	Quan
(DEXTROSE : 50 MG/ML) (DEXTRAN 40 : 100 MG/ML) SOLUTION FOR INFUSION	Oral Suspension	7	21
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS	TABLETS (30S, BOX)	30	30
(CELECOXIB : 200 MG CAPSULES	CAPSULES (30S, BLISTER PACK	5	5