

ANNEXURE V

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: 21-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1985-4950386-4

Age: 39Y - 0M -Card Holder's **GRETCHEN CAPANGPANGAN** Sex:Female

Name: **PACARAT**

0582657961 Card Holder's Tel No: Mobile No: Ins Card No: 1005-010-116280045-01 Valid Upto: 30/9/2025

Company FMC Standard Employee

Network Name: No:



Clinical Details: B.P.110 Temp37.1 Pulse. 84

Signs & Symptoms: RISK FOR FALL

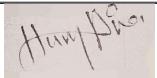
Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follov

Diagnosis: D64.9 - Anemia, unspecified, R23.1 - Pallor, E86.0 - Dehydration, R11.0 - Nausea

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

9, Consultation Gp, General Consultation

signature with seal:



Dr. Humaira M **General Practi** CITICARE MEDICAL (DUBAI - U.A

Diagnostic Procedures referred outside:

Doctor's Name: Humaira

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 21-Jan-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(VITAMIN D (AS CHOLECALCIFEROL): 5 MCG) (CHROMIUM: 25 MCG) (VITAMIN A (AS BETA CAROTENE): 1200 MCG) (VITAMIN E: 4.5 MG) (BIOTIN: 30 MCG) (VITAMIN C (ASCORBIC ACID): 45 MG) (RIBOFLAVIN: 1 MG) (MANGANESE: 1.8 MG) (VITAMIN B6: 1.3 MG) (NIACINAMIDE: 14 MG) (SELENIUM: 20 MCG) (FOLIC ACID: 240 MCG) (MAGNESIUM: 100 MG) (IRON: 10 MG) (VITAMIN B12: 2.4 MCG) (CALCIUM: 320 MG) (PANTOTHENIC ACID: 5 MG) (THIAMINE: 1 MG) (COPPER: 0.45 MG) (ZINC: 7 MG) (IODINE: 33 MCG) (VITAMIN K1: 25 MC	TABLETS (60S, BOTTLE)	30	1

Medicine	Dose	Duration	Quan
(METOCLOPRAMIDE : 10 MG TABLETS	TABLETS (20S, BLISTER PACK	5	10
(ORAL REHYDRATION SALTS (O.R.S.): N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10S, SACHET)	5	5