

ANNEXURE V

FMCNETWORKUAE

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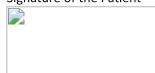
Medical Expenses Claim form

Date: 21-Jan-2025 Emirates: 784-1985-4950386-4 Clinic Name: CITICARE MEDICAL CENTER LLC Age:___ Card Holder's GRETCHEN CAPANGPANGAN Sex:Female Name: **PACARAT** Card Holder's Tel No: Mobile No: 0582657961 Ins Card No: 1005-010-116280045-01 Valid Upto: 30/9/2025 Company **FMC Standard** Employee Nationality: Philippine Name: Network No: Clinical Details: Pulse. 84 Temp37.1 B.P.110 Signs & Symptoms: RISK FOR FALL Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follow up 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 Han/ Dro. Dr. Humaira Mumta 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 21-Jan-2025



Pharmaceuticals (to be filled by treating doctor only)

| Medicine | Dose | Duration | Quantity |
|---|--------------------------|----------|----------|
| (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) | TABLETS (60S, BOTTLE) | 30 | 1 |

| Medicine | Dose | Duration | Quantity |
|---|--|----------|----------|
| (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 | | | |
| (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 |