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: 08-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-3269295-2
Card Holder's Name: PRIYANKA RAWAT DARBAN SINGH Age: 29Y - 0M - 26D Sex: Female
Card Holder's Tel No: Mobile No: 0561479268
Ins Card No: I019-010-117392367-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36.6 B.P. 110 Pulse. 88
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow up visit
Diagnosis: R10.13 - Epigastric pain, R11.11 - Vomiting without nausea, K29.00 - Acute gastritis without bleeding, E86.0 - Dehydration

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

0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION , Pharmacy,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,0005-174202-0781, RISEK 40MG-(OMEPRAZOLE : 40 MG) POWDER FOR INFUSION , Pharmacy,0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.P[illegible] Consultation Gp , General Consultation

Doctor's Name: AISHA signature with seal:

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
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 above-mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 08-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(HYOSCINE : 10 MG) TABLETS	TABLETS (500S, BLISTER PACK)	5	1	0.0000
(DOMPERIDONE (AS MALEATE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK	5	10	0.3300
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER	5	10	1.9700