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

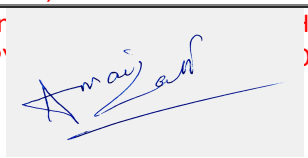
Medical Expenses Claim form

Date: 20-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1989-9061593-6
Card Holder's Name: IVY MAE GIGANTO VILLARDE Age: 36Y - 0M - 6D Sex: Female
Card Holder's Tel No: Mobile No: 0581485435
Ins Card No: I005-010-120176777-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Philippine

Clinical Details: Temp37.8 B.P.110 Pulse. 86
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow
Diagnosis: J02.9 - Acute pharyngitis, unspecified, J45.991 - Cough variant asthma, R50.9 - Fever, unspecified, R09.81 - Nasal cor

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

94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT , Pharmacy,0195-107704-0801, CEFTRIAXON , Pharmacy,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION , Pharmacy,0125-122107-1022, DEXAMETHASONE S PHOSPHATE , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,9, Consultation Gp , Ger Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96365, IV INFUSION THERAP



Dr. Amaizah Isl
General Practitio
DHA: 98486553-(
CITICARE MEDICAL (
DUBAI - U.A.E

Doctor's Name: DR Amaizah 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 a mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy c person who has provided medical services to me to furnish any and all information with regard to any medical history, medical medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 20-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	1	2
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	5
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5	10

Medicine	Dose	Duration	Quanti
(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE : 13.5 MG/5ML SYRUP	SYRUP (5ML X 20, SACHET	5	1