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

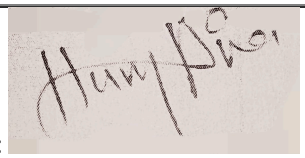
Date: 25-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-4736060-3
Card Holder's Name: TONY EMMANUEL JOSEPH Age: 29Y - 1M - 16D Sex: Male
Card Holder's Tel No: Mobile No: 0547626409
Ins Card No: I019-010-119800663-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.4 B.P.101 Pulse. 63
Signs & Symptoms:
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: R11.10 - Vomiting, unspecified, R10.84 - Generalized abdominal pain, R10.13 - Epigastric pain, E86.0 - Dehydration

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

0005-150403-1021, PREMOSAN , Pharmacy,0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0005-136504-102
SCOPINAL , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM

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 abo
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 co
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 25-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(DOMPERIDONE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK	3	9
(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (200S, BLISTER PACK)	3	6
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE	3	3
(SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET)	3	3