

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:	25-1	Mai	r-2(125
Date.	20 1	VIUI	(,

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-4736060-3 Age: 29Y - 1M - 16D Sex: Male Card Holder's Name: TONY EMMANUEL JOSEPH Card Holder's Tel No:

Mobile No: 0547626409 Ins Card No: 1019-010-119800663-01 Valid Upto: 7/6/2025 Company Name: FMC Standard Network Employee No: ______ Nationality: Indian



Clinical Details:	Temp <mark>36.4</mark>	B.P.101	Pulse. <mark>63</mark>
Signs & Symptoms:			
Date of Onset Illness:		○ Emergency ○ W	ork related ○ New visit ○ Follow up
Diagnosis: R11.10 - Vomitin	g, unspecified, R10.84 - Gen	eralized abdominal pain, R10.13 - E _l	pigastric 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

Co.Pay,9, Consultation Gp , General Consultation

Dr. Humaira Mumta **General Practitioner** DHA No: 54155530-00 CITICARE MEDICAL CENTE

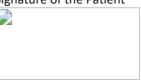
signature with seal: Doctor's Name: Humaira

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 con 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