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: 27-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-9372048-6
Card Holder's Name: ADEDOYIN DEBORAH ODUNTAN Age: 28Y - 4M - 27D Sex: Female
Card Holder's Tel No: Mobile No: 524383857
Ins Card No: I019-010-116854773-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No:_____ Nationality: Nigerian

Clinical Details: Temp 36.6 B.P. 120 Pulse. 86
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: K29.00 - Acute gastritis without bleeding, R11.2 - Nausea with vomiting, unspecified, R52 - Pain, unspecified, R19.7 - Diarrhea, unspecified, E86.0 - Dehydration

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

0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0148-116603-1111, (METRONIDAZOLE : 200 MG/5ML) SUSPENSION , Pharmacy,0005-136504-1021, SCOPINAL , Pharmacy,0005-150403-1021, PREMOSAN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,85027, COMPLETE CBC AUTOMATED , Lab,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Consultation Gp , General Consultation,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
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 27-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(METRONIDAZOLE : 500 MG) TABLETS	TABLETS (24S, BLISTER PACK)	3	3	0.0000
(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	6	0.0000
(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	3	6	0.0000