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: 28-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1984-9121376-9
Card Holder's Name: PILAR LAPITAN ORBITA Age: 40Y - 5M - 17D Sex: Female
Card Holder's Tel No: Mobile No: +639683148908
Ins Card No: I005-010-119974610-01 Valid Upto: 31/1/2026
Company Name: FMC Standard Network Employee No: _____Nationality:Philippine

Clinical Details: Temp37.3 B.P.120 Pulse. 78
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: Z87.440 - Personal history of urinary (tract) infections, E86.0 - Dehydration, R52 - Pain, unspecified, R50.9 - Fever, unspecified, I10 - Essential (primary) hypertension, E78.2 - Mixed hyperlipidemia

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

0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,0005-136504-1021, SCOPINAL , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,85027, COMPLETE CBC AUTOMATED , Lab,81015, MICROSCOPIC EXAM OF URINE , Lab,9, Consultation Gp , General Consultation

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 28-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5	10	0.0000
(HYOSCINE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK	3	6	0.2300
(ROSUVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER (CALENDAR PACK))	14	14	0.0000
(CARVEDILOL : 6.25 MG) TABLETS	TABLETS (500S, BOTTLE)	30	30	0.0000
(CRANBERRY EXTRACT : 120 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (14S, BLISTER)	5	15	0.0000
(SODIUM BICARBONATE : 1.76G (SODIUM CITRATE ANHYDROUS : 0.63G (TARTARIC ACID : 0.89G (CITRIC ACID ANHYDROUS : 0.715 G EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 10, SACHET	3	6	0.0000