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: 04-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-3304067-1
Card Holder's Name: MD RAKIBUL RAYHAN MD ABDUL HALIM Age: 27Y - 11M - 25D Sex:Male
Card Holder's Tel No: Mobile No: 971503109189
Ins Card No: I019-010-122313819-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Bangladeshi

Clinical Details: Temp36.8 B.P.120 Pulse. 169
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: D50.9 - Iron deficiency anemia, unspecified, R52 - Pain, unspecified, R42 - Dizziness and giddiness, R53.1 - Weakne
Acute gastritis without bleeding

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

85027, COMPLETE CBC AUTOMATED , Lab,0384-207801-1002, LACTATED RINGER'S & DEXTROSE USP (CALCIUM CHLORIDE : N
(DEXTROSE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSIO
FOR INFUSION (500ML, BOTTLE) , Pharmacy,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,0005-174202-0781, RISEK 40MG
Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,9, Consultation Gp , Ger

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah I
General Practit
DHA: 98486553
CITICARE MEDICA
DUBAI - U.A

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 04-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(FOLIC ACID : 0.35 MG) (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	30	30
(VITAMIN D3 : 5 MCG) (VITAMIN E (AS D-ALPHA TOCOPHERYL SUCCINATE) : 20 MG) (ZINC : 15 MG) (CHROMIUM : 50 MCG) (COPPER : 1 MG) (VITAMIN B12 : 9 MCG) (FOLACIN : 500 MCG) (SIBERIAN GINSENG (ELEUTHEROCOCCUS SENTICOSUS) : 20 MG) (IODINE : 150 MCG) (IRON (FERROUS FUMARATE) : 6 MG) (MAGNESIUM OXIDE :	FILM COATED TABLETS (30S, BLISTER)	30	30

Medicine	Dose	Duration	Quant
50 MG) (MANGANESE SULFATE : 3 MG) (L-METHIONINE : 20 MG) (NIACIN : 20 MG) (PANTOTHENIC ACID : 10 MG) (PABA : 20 MG) (PYRIDOXINE (VITAMIN B6) : 9 MG) (VITAMIN B2 (RIBOFLAVIN) : 5 MG) (SELENIUM : 150 MCG) (S			
(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
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	14	14