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

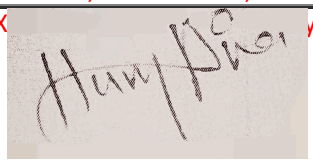
Medical Expenses Claim form

Date: 04-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-7701565-2
Card Holder's Name: CAROLINA FIDENCIO DE CARVALHO Age: 26Y - 1M - 22D Sex: Female
Card Holder's Tel No: Mobile No: 0506902378
Ins Card No: I005-010-120799506-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No:_____ Nationality: Brazilian

Clinical Details: Temp 37.3 B.P. 117 Pulse. 95
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R05 - Cough, R53.1 - Weakness, E86.0 - Dehydration

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

85027, COMPLETE CBC AUTOMATED , Lab,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0195-107704-08
CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION , Pharmacy,0125-122107-1022, DEXAMETHASONE SOD
PHOSPHATE , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0188-135906-2441, PULMICORT , Pharmacy,9.01, Free
Consultation Gp , General Consultation,96365, IV INFUSION THERAPY/PROPHYLAX INFUSION ADD-ON , Co.Pay



Dr. Humaira M
General Practit
DHA No: 541555
CITICARE MEDICAL
DUBAI - U.A

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 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	Quant
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10
(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	7	7
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	5	15

Medicine	Dose	Duration	Quant
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	1
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	5