

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:	10-	pr-2ا	025
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1974-8260365-7
Card Holder's Name: LEAH OSIS YURONG Age: 50Y - 4M - 4D Sex: Female

Card Holder's Tel No: Mobile No: 971563093585
Ins Card No: 1019-010-120688124-01 Valid Upto: 7/6/2025

Company FMC Standard Employee Name: Network No:



Clinical Details: Temp37.6 B.P.122 Pulse. 111
Signs & Symptoms: RISK OF FALL
Date of Onset Illness: Emergency Work related New visit Follov
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unspecified, J30.9 - Allergic rhinitis, unspecified, R05 - Cough, I unspecified

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) S FOR INFUSION , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLU INJECTION , Pharmacy,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharma

signature with seal:

107704-0801, CEFTRIAXONE-TABUK IV, Pharmacy,0102-100104-1001, SODIUM CFTHER/PROPH/DIAG INJ SC/IM, Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS INFUSION INIT, Co.Pay,9, Consultation Gp, General Consultation

Leglu.

Dr. Aisha U Physician- General P DHA- 40131439 CITICARE MEDICA DUBAI - U.A

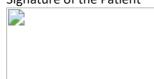
Diagnostic Procedures referred outside:

Doctor's Name: AISHA

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 10-Apr-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	5	15
(AZITHROMYCIN: 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	5	10
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	6

Medicine	Dose	Duration	Quan
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	10