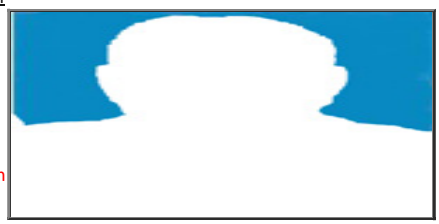
ANNEXURE V

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: 14-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-6000948-0
Card Holder's Name: Sally Latifa Age: 25Y - 6M - 28D Sex: Female
Card Holder's Tel No: Mobile No: 0000
Ins Card No: I038-010-120400215-01 Valid Upto: 22/3/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Syrian

Clinical Details: Temp37.1 B.P.118 Pulse. 78
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: N39.0 - Urinary tract infection, site not specified, R11.2 - Nausea with vomiting, unspecified, R19.7 - Diarrhea, unspecified, E86.0 - Dehydration, R53.1 - Weakness

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

81015, MICROSCOPIC EXAM OF URINE , Lab,85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0005-136504-1021, SCOPINAL , Pharmacy,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96365, IV Co.Pay,9, Consultation Gp , General Consultation,96361, HYDRATE IV INFUSION AD

Doctor's Name: AISHA signature with seal:

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
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 14-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	10	0.0000
(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	6	0.7500
(DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	6	0.0000
(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (10 X 4.25G, SACHET)	5	10	0.0000