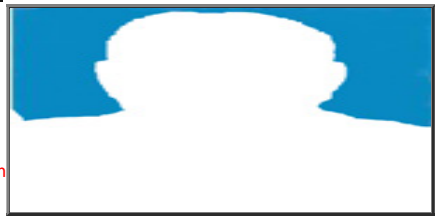
ANNEXURE V

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: 15-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-2541562-4
Card Holder's Name: YARA HASSAN ALI KHEDR Age: 26Y - 2M - 18D Sex: Female
Card Holder's Tel No: Mobile No: 0508437137
Ins Card No: I005-010-121951170-01 Valid Upto: 30/9/2025
Company Name:FMC Standard Network Employee No:_____ Nationality:Egyptian

Clinical Details: Temp36.5 B.P.120 Pulse. 78
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: H81.313 - Aural vertigo, bilateral, R42 - Dizziness and giddiness, H66.017 - Ac suppr otitis media w spon rupt ear drum, recur, unsp ear

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

0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,0005-150403-1021, PREMOSAN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation,96360, HYDRATION IV INFUSION INIT , Co.Pay

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 15-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5	0.0000
(BENZOCAINE : 1.4%) (TYROTHRICIN : 0.05%) (ANTIPYRINE : 5%) (HEXYLRESORCINOL : 0.10%) EAR DROPS	EAR DROPS (N/A, DROPPER BOTTLE)	3	1	0.0000
(DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK)	3	6	0.0000