

ANNEXURE V

FMCNETWORK 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: 20-Apr-2025

 Clinic Name:
 CITICARE MEDICAL CENTER LLC
 Emirates:
 784-2000-1826890-2

 Card Holder's Name:
 PRAJWAL RAI
 Age:
 25Y - 1M - 9D
 Sex:
 Male

 Card Holder's Tel No:
 Mobile No:
 0504726476

 Ins Card No:
 1005-010-122023290-01
 Valid Upto:
 30/9/2025

Company FMC Standard Employee Name: Network No: Nationality:Nepalese



Clinical Details:	Temp36.9	B.P.120	Pulse. 84
	•	5.1.120	Tuise. 04
Signs & Symptoms: RISK OF F	ALL		
Date of Onset Illness:		○ Emergency ○ Wo	ork related O New visit O Follow up visit
Diagnosis: K29.00 - Acute gas unspecified, E86.0 - Dehydraf	0 ,		specified, R11.2 - Nausea with vomiting,

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

0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0005-174202-0781, RISEK 40MG , Pharmacy,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,85027, COMPLETE CBC AUTOMATED , Lab,9, Consultation Gp , General Consultation

trail and

Dr. Amaizah Ishtiaq Generai Practitioner Dha: 98486553-001 Citicare Medical Center Dubai - U.A.E

Doctor's Name: DR Amaizah 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 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 20-Apr-2025



Pharmaceuticals (to be filled by treating doctor only)

Final maceuticals (to be filled by treating doctor only)							
Medicine	Dose	Duration	Quantity	Price			
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, HDPE BOTTLE)	14	14	0.0000			
(ALUMINIUM HYDROXIDE : 225 MG/5ML) (SIMETHICONE : 25 MG/5 ML) (MAGNESIUM HYDROXIDE : 200 MG/5ML) SUSPENSION	SUSPENSION (180ML, PLASTIC BOTTLE)	5	1	0.0000			
(SODIUM BICARBONATE : 1.76G) (SODIUM CITRATE ANHYDROUS : 0.63G) (TARTARIC ACID : 0.89G) (CITRIC ACID ANHYDROUS : 0.715 G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 10, SACHET)	3	6	0.0000			