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

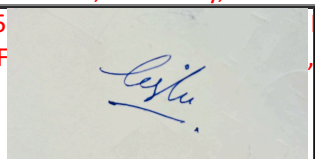
Date: 28-Apr-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1991-8130643-4
Card Holder's Name: ALEXANDRA MANKO Age: 34Y - 2M - 23D Sex: Female
Card Holder's Tel No: Mobile No: 529790034
Ins Card No: I038-010-116556465-01 Valid Upto: 20/12/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Kazakhstani

Clinical Details: Temp37.8 B.P.120 Pulse. 88
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: A05.9 - Bacterial foodborne intoxication, unspecified, R11.10 - Vomiting, unspecified, R19.7 - Diarrhea, unspecified Fever, unspecified, E86.0 - Dehydration, R52 - Pain, 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,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pha 150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,0442-116612-1001, (METRONIDAZOLE : 5 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0439-152905 Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96360, HYDRATION IV INF PUSH , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: AISHA 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 28-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

| Medicine | Dose | Duration | Quan |
|---|---|---|---|
| (ONDANSETRON : 4 MG) TABLETS | TABLETS (10S, BLISTER) | 5 | 10 |
| (METRONIDAZOLE : 500 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, BLISTER PACK) | 3 | 6 |
| (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS | CAPLETS (48S, BOX) | 5 | 10 |

| Medicine | Dose | Duration | Quant |
|---|---|---|---|
| (HYOSCINE : 10 MG) TABLETS | TABLETS (500S, BLISTER PACK) | 3 | 6 |
| (SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION | POWDER FOR SOLUTION (10 X 4.4 G, SACHET) | 3 | 6 |