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: 01-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2003-7812501-5
Card Holder's Name: SALMA RAAH KATSANDE Age: 21Y - 4M - 18D Sex: Female
Card Holder's Tel No: Mobile No: 0521994716
Ins Card No: I005-010-121967329-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Zimbabwean

Clinical Details: Temp37.9 B.P.140 Pulse. 98
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: K35.80 - Unspecified acute appendicitis, R50.9 - Fever, unspecified, R10.30 - Lower abdominal pain, unspecified, R1 with vomiting, unspecified

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

0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,0195-107704-080
CEFTRIAXONE-TABUK IV , Pharmacy,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECT
Pharmacy,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,9
INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96372, THER/PROPH/

Doctor's Name: DR Amaizah signature with seal:

Dr. Amaizah I
General Practit
DHA: 98486553
CITICARE MEDICA
DUBAI - U.A

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 01-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(ONDANSETRON (AS HCL) : 8 MG) TABLETS	TABLETS (10S, BLISTER)	3	6
(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	10