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: 02-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2003-7812501-5
Card Holder's Name: SALMA RAAH KATSANDE Age: 21Y - 4M - 19D 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: Temp37.7 B.P.110 Pulse. 99
Signs & Symptoms:
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: R50.9 - Fever, unspecified, R10.84 - Generalized abdominal pain, R11.2 - Nausea with vomiting, unspecified, K29.00 - Acute gastritis without bleeding, A09 - Infectious gastroenteritis and colitis, unspecified, K37 - Unspecified appendicitis

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION , Pharmacy,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,0005-174202-0781, RISEK 40MG , Pharmacy,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0005-150403-1021, (METOCLOPRAMIDE : 10 MG/2ML J TE IV INFUSION ADD-ON , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9637 J IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay

Dr. Amaizah Ishtiaq
General 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 02-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	6	0.0000
(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	6	0.0000
(SODIUM CHLORIDE : 2.6 G) (POTASSIUM CHLORIDE : 1.5 G) (SODIUM CITRATE : 2.9 G) (DEXTROSE ANHYDROUS : 13.5 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10X21.8G, SACHET)	3	6	0.0000
(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	10	0.0000
(ONDANSETRON (AS HCL) : 8 MG) TABLETS	TABLETS (10S, BLISTER)	3	9	0.0000
(CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS	TABLETS (30S, BOX)	30	30	1.1000
(DICLOFENAC SODIUM : 75 MG) COATED TABLETS	COATED TABLETS (30S, BLISTER PACK)	5	5	0.0000
(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	3	3	0.0000
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, HDPE BOTTLE)	7	7	0.0000
(ALUMINIUM HYDROXIDE : 225 MG/5ML) (SIMETHICONE : 25 MG/5 ML) (MAGNESIUM HYDROXIDE : 200 MG/5ML) SUSPENSION	SUSPENSION (180ML, PLASTIC BOTTLE)	7	1	0.0000
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER)	3	6	0.8000