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

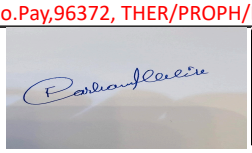
Date: 10-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-5420427-9
Card Holder's Name: PHIONA ALEYO Age: 25Y - 8M - 22D Sex: Female
Card Holder's Tel No: Mobile No: 055586837
Ins Card No: I005-010-122031304-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No:_____ Nationality: Kenyan

Clinical Details: Temp36 B.P.137 Pulse. 85
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: K25.3 - Acute gastric ulcer without hemorrhage or perforation, R10.13 - Epigastric pain, K30 - Functional dyspepsia, R51.9 - Headache, unspecified, R42 - Dizziness and giddiness, R53.1 - Weakness, E86.0 - Dehydration

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

0005-174202-0781, RISEK 40MG , Pharmacy,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0005-149902-1021, CLOFEN , Pharmacy,85027, COMPLETE CBC AUTOMATED , Lab,9, Consultation Gp , General Consultation,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Doctor's Name: Dr.Farhan Iyas signature with seal:



Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
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 10-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	7	7	0.0000
(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	5	10	0.0000
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000