

**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: 19-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2002-3061129-3
 Card Holder's Name: KAUNG KHANT KYAW Age: 23Y - 1M - 12D Sex: Male
 Card Holder's Tel No: Mobile No: 0559465918
 Ins Card No: I005-010-121540610-01 Valid Upto: 30/9/2025
 Company FMC Standard Employee No: _____ Nationality: Myanmar
 Name: Network



Clinical Details: Temp 37 B.P. 130 Pulse 79
 Signs & Symptoms: RISK FOR FALL
 Date of Onset Illness : _____
☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
 Diagnosis: R11.0 - Nausea, R10.84 - Generalized abdominal pain, E86.0 - Dehydration

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

0005-136504-1021, SCOPINAL , Pharmacy, 0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy, 0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 96361, HYDRATE IV INFUSION ADD-ON , Co.Pay, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: AISHA

signature with seal:

Dr. Aisha Umer
 Physician- General Practitioner
 DHA- 40131439-002
 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 19-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(HYOSCINE : 10 MG) TABLETS	TABLETS (500S, BLISTER PACK)	3	6	0.0000
(DOMPERIDONE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (100S, BLISTER PACK)	3	6	0.4400