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

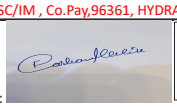
Date: 17-Jun-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-4861315-7
Card Holder's Name: PETER GITAHI MBURU Age: 27Y - 8M - 24D Sex: Male
Card Holder's Tel No: Mobile No: 0503382081
Ins Card No: I005-010-119384583-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No:_____Nationality: Kenyan

Clinical Details: Temp38.2 B.P.124 Pulse. 102
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: A05.9 - Bacterial foodborne intoxication, unspecified, A06.9 - Amebiasis, unspecified, R10.30 - Lower abdominal pain, unspecified, M54.5 - Low back pain, E86.0 - Dehydration

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

0005-136504-1021, SCOPINAL , Pharmacy,0005-149902-1021, CLOFEN , Pharmacy,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,9, Consultation Gp , General Consultation,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96361, HYDRATE IV INFUSION ADD-ON , 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 17-Jun-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	9	0.7500
(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK)	3	6	0.2300
(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	3	0.0000
(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	3	6	0.0000
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	3	6	1.0800