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

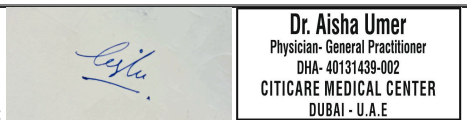
Date: 22-Jun-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-2471130-4
Card Holder's Name: DAVID OBLIGAR GALANG Age: 25Y - 6M - 19D Sex: Male
Card Holder's Tel No: Mobile No: 0529374251
Ins Card No: I019-010-117477483-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____Nationality:Philippine

Clinical Details: Temp36.8 B.P.120 Pulse. 78
Signs & Symptoms: RISK OF FALL
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: R21 - Rash and other nonspecific skin eruption, B35.8 - Other dermatophytoses, L40.8 - Other psoriasis

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

0005-111805-1021, CHLOROHISTOL 10MG , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,82785, ASSAY OF IGE , Lab,85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,9, Consultation Gp , General Consultation

Doctor's Name: AISHA 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 22-Jun-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(FLUCONAZOLE : 150 MG) CAPSULES	CAPSULES (1S, BLISTER PACK)	3	9	2.8600
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10	0.0000
(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	7	0.0000
(CLOTRIMAZOLE : 1%) CREAM	CREAM (12G , TUBE)	7	7	0.0000
(FLUTICASONE : 0.5 MG/G) CREAM	CREAM (30G, TUBE)	7	14	0.0000