



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: 27-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-4198505-7
Card Holder's Name: RUSTINI MASDUKI DAIH Age: 27Y - 9M - 8D Sex: Female
Card Holder's Tel No: Mobile No: 0507282016
Ins Card No: I005-010-121874578-01 Valid Upto: 30/9/2025
Company FMC Standard Employee
Name: Network No: Nationality: Indonesian



Clinical Details:	Temp 36.7	B.P. 102	Pulse. 88
Signs & Symptoms:			
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis:	K29.00 - Acute gastritis without bleeding, R12 - Heartburn, R11.2 - Nausea with vomiting, unspecified		

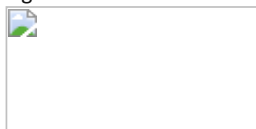
Management plan (Services inside the clinic including injections and investigations)	
0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION , Pharmacy,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay	
Doctor's Name: KEERTHANA	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 27-Jul-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CALCIUM CARBONATE : N/A) (SODIUM BICARBONATE : N/A) (SODIUM ALGINATE : N/A) SUSPENSION	SUSPENSION (500ML, GLASS BOTTLE)	10	200	0.0000
(PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) GASTRO-RESISTANT TABLETS	GASTRO-RESISTANT TABLETS (30S, BLISTER)	5	5	0.0000