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: 31-Jul-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-7132340-9
Card Holder's Name: VISHAL RAM CHANDER Age: 26Y - 1M - 24D Sex: Male
Card Holder's Tel No: Mobile No: 0505718247
Ins Card No: I019-010-122177449-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.8 B.P.110 Pulse. 80
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: A05.9 - Bacterial foodborne intoxication, unspecified, R11.0 - Nausea, I95.9 - Hypotension, unspecified, E86.0 - Dehydration, R19.7 - Diarrhea, unspecified, R10.84 - Generalized abdominal pain

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,0005-136504-1021, SCOPINAL , Pharmacy,0135-116611-1001, (METRONIDAZOLE : 0.5%) SOLUTION FOR INFUSION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96361, HYDRATE IV INFUSION ADD-ON , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , C

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 31-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	5	10	0.0000
(SODIUM CHLORIDE : 2.6 G) (POTASSIUM CHLORIDE : 1.5 G) (SODIUM CITRATE : 2.9 G) (DEXTROSE ANHYDROUS : 13.5 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10X21.8G, SACHET)	5	10	0.0000
(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BOX)	5	10	0.0000
(HYOSCINE : 10 MG) TABLETS	TABLETS (500S, BLISTER PACK)	5	10	0.0000