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: 784-1993-7836810-6
Card Holder's Name: Vishal Kumar Mahinder Singh Age: 32Y - 0M - 1D Sex: Male
Card Holder's Tel No: Mobile No: 0545112718
Ins Card No: I038-010-116778783-01 Valid Upto: 4/5/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.8 B.P.140 Pulse. 84
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: R11.10 - Vomiting, unspecified, R19.7 - Diarrhea, unspecified, A06.9 - Amebiasis, unspecified, A05.9 - Bacterial fooc intoxication, unspecified, E86.0 - Dehydration

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

0005-150403-1021, PREMOSAN , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0439-1529( LACTATED RINGERS INJECTION USP , Pharmacy,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,2190-106618-1001, PA 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,9, Consultation Gp , General Consultation,9636 HYDRATION IV INFUSION INIT , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.P

Dr .Frahan Ilyas
Physician-General F
DHA-0644178
CITICARE MEDICAL
DUBAI U.A.E

Doctor's Name: Dr.Farhan Iyas 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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica 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 | Quan |
|---|---|---|---|
| (DOMPERIDONE : 10 MG FILM COATED TABLETS | FILM COATED TABLETS (30S, BLISTER PACK | 3 | 6 |
| (METRONIDAZOLE : 500 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, BLISTER PACK) | 3 | 6 |
| (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 |