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

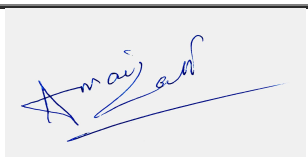
Date: 18-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1993-9838369-7
Card Holder's Name: KHIN YU YU KHAING Age: 31Y - 10M - 20D Sex: Female
Card Holder's Tel No: Mobile No: 0542416032
Ins Card No: I005-010-121409801-02 Valid Upto: 25/11/2025
Company Name: FMC Standard Network Employee No: _____Nationality:Myanmarese

Clinical Details: Temp36.5 B.P.100 Pulse. 87
Signs & Symptoms:
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: J45.991 - Cough variant asthma, D50.9 - Iron deficiency anemia, unspecified, J30.9 - Allergic rhinitis, unspecified, R5 unspecified, R06.2 - Wheezing

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

94640, AIRWAY INHALATION TREATMENT , Co.Pay,0188-135906-2441, PULMICORT , Pharmacy,0046-111801-0511, (CHLORPH 10 MG) INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9.01, Free Follow-Up Consultation Gp , General C

Doctor's Name: DR Amaizah signature with seal:



Dr. Amaizah I
General Practit
DHA: 98486553
CITICARE MEDICA
DUBAI - U.A

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 18-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(ZINC : 12 MG) (FOLIC ACID : 500 MCG) (COPPER : 2000 MCG) (CYANOCOBALAMIN : 10 MCG) (PYRIDOXINE : 5 MG) (IRON : 24 MG) MODIFIED RELEASE CAPSULES	MODIFIED RELEASE CAPSULES (30S, BLISTER PACK)	30	30
(LORATADINE : 5 MG) (PSEUDOEPHEDRINE SULPHATE : 120 MG) TABLETS	TABLETS (28S, BLISTER PACK)	7	7

Medicine	Dose	Duration	Quanti
(FLUTICASONE PROPIONATE : 125 MCG/DOSE) (SALMETEROL (AS XINAFOATE) : 25 MCG/DOSE) AEROSOL INHALER	AEROSOL INHALER (120 DOSE, METERED DOSE INHALER)	30	1