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

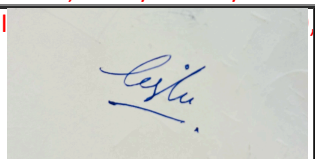
Medical Expenses Claim form

Date: 25-Aug-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1991-8981152-6
Card Holder's Name: SHYMON JOHN JOHN MATHEW Age: 34Y - 5M - 7D Sex: Male
Card Holder's Tel No: Mobile No: 0562156177
Ins Card No: I019-010-118001770-02 Valid Upto: 7/6/2026
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp36.2 B.P.140 Pulse. 90
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified, R10.0 - Acute abdomen, R11.2 - Nausea with vomiting, unsp
R19.7 - Diarrhea, unspecified, E86.0 - Dehydration, R10.84 - Generalized abdominal pain

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0005-136504-1021, SCOPINAL , Pharmacy,0005-150403-1021, PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0148-1001, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.
152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96360, HYDRATION I
Consultation



Dr. Aisha U
Physician- General P
DHA- 40131439
CITICARE MEDICA
DUBAI - U.A

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 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 25-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	15
(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BOX)	5	10
(HYOSCINE : 10 MG) TABLETS	TABLETS (500S, BLISTER PACK)	5	10

Medicine	Dose	Duration	Quant
(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