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: 03-May-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1982-7354393-8
Card Holder's Name: WASANTHA KUMARA DON SENDANAYAKE Age: 41Y - 7M - 26D Sex: Male
Card Holder's Tel No: Mobile No: 0556745749
Ins Card No: I011-010-115402310-02 Valid Upto: 7/6/2024
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp 38.1 B.P. 134 Pulse. 86
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: R50.9 - Fever, unspecified, J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, J30.9 - Allergic rhinit unspecified

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

0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION , Pharmacy,2190-106618-1001, PA 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0006-402803-2071, VENTOLIN NEBULES-(SALBU MG/2.5ML) NEBULIZING SOLUTION , Pharmacy,9, Consultation Gp , General Consultation,96365, IV Infusion Therapy/Prophyla To 1 Hr - (AED 40.0000) , Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,94 0, AIRWAY INHALATION EATMENT , Co

Doctor's Name: Humaira 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 03-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	7	14
(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL	SYRUP (ALCOHOL FREE)	2	12

Medicine	Dose	Duration	Quant
: 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	(100ML, GLASS BOTTLE)		