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: 06-May-2024
Clinic Name: Irham Medical Center Arjan Emirates: 784-1982-7354393-8
Card Holder's Name: WASANTHA KUMARA DON SENDANAYAKE Age: 41Y - 7M - 29D 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 Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp 37.7 B.P. 118 Pulse. 78
Signs & Symptoms: risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow
Diagnosis: J06.0 - Acute laryngopharyngitis, R50.9 - Fever, unspecified, R05 - Cough

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

0195-107704-0802, CEFTRIAXONE-TABUK IM-(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,96365, IV Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pa
THER/PROPH/DIAG INJ IV PUSH , Co.Pay,86140, C REACTIVE PROTEIN , Lab,9.01, F
Consultation,94640, AIRWAY INHALATION TREATMENT , Co.Pay

Doctor's Name: Humaira signature with seal:

Dr. Humaira Mu
General Practiti
DHA No: 5415553
PESHAWAR MEDICAL
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 ab
mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy o
person who has provided medical services to me to furnish any and all information with regard to any medical history, medical c
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 06-May-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (200S, BLISTER PACK)	7	14