

**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: 01-Jul-2024

Clinic Name: CITICARE MEDICAL CENTER LLC

Card Holder's Name: SULAKSHI WASANA LIYANA

Name: ARACHCHINGE

Card Holder's Tel No:

Ins Card No: I019-010-120140265-01

Company: FMC Standard

Name: Network

Emirates: 784-2001-2991704-1

Age: 23Y - 4M -

28D

Sex: Female

Mobile No: 0522738915

Valid Upto: 7/6/2025

Employee No:

Nationality: Sri

No:

Lankan



Clinical Details:

Temp 37

B.P. 103

Pulse. 80

Signs & Symptoms: risk of fall

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: M19.91 - Primary osteoarthritis, unspecified site, R52 - Pain, unspecified

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

96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0005-149902-1021, CLOFEN , Pharmacy,9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck

signature with seal:

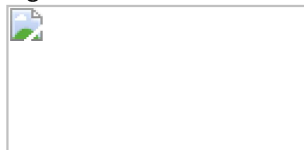
Dr. Enomen Goodluck I
 General Practitioner
 DHA No: 28040827-00
 CITICARE MEDICAL CENTRE
 DUBAI - U.A.E.

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 above mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 01-Jul-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	12	24	0.

