

## 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

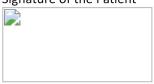
Medical E	xpenses	Claim form

			Medical Expenses Claim form						
Date: 03-Jul-2 Clinic Name: Card Holder's Name: Card Holder's Ins Card No: Company Name:	CITICARE MEDICAI BAWANTHA G ARACHCHIGE	Mobile No:	Age: 25Y - 10M - Sex:Male 2D 0582329851 Valid Upto: 7/6/2025Nationality: Lankan						
Date of Onse	toms: risk for fall t Illness :	Temp36.4	<b>.</b>	Pulse. 79  O Work related O New visit O Follow up visit					
1 -	0.9 - Fever, unspeci ic rhinitis, unspecifi	The state of the s	11.10 - Vomiting, unspecified, J06	5.9 - Acute upper respiratory infection, unspecified,					
Management plan (Services inside the clinic including injections and investigations)									
FOR INJECTIO	N , Pharmacy,9636	5, IV INFUSION THER	APY/PROPHYLAXIS /DX 1ST TO 1 XTROSE B.P. , Pharmacy,9, Consul	AN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION HR , Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Itation Gp , General Consultation  Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC					
Doctor's Na	me: Humaira		signature with seal:	DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.					
Diagnostic Pr	ocedures referred c	outside:							

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the abovementioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 03-Jul-2024



## Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14	0.0000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5	0.0000
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14	0.0000
(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	1	1	0.0000
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	10	0.0000