

ANNEXURE V

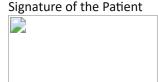
FMCNETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

	CITICARE MEDICAL ROMESH SHALITH KULASOORIYA W	IA SILVA MIHIDU ARNA PELILAGE Mobile No:	0501709 Valid Upto:	- 2M - Sex:Male	
Clinical Details	:	Temp <mark>36.4</mark>		B.P.112	Pulse. 98
Signs & Sympto					
Date of Onset	Illness:			○ Emergency	\bigcirc Work related \bigcirc New visit \bigcirc Follow up
Diagnosis: J06.	9 - Acute upper re	spiratory infection, ι	unspecified, R05 -	Cough, R53.1 -	Weakness
9, Consultation	i Gp , General Con	sultation			
Doctor's Nam	e: Enomen Goodlu	nek	cianatur	e with seal:	Dr. Enomen Goodluck I General Practitioner DHA No: 28040827-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.
Doctor's Nam	e. Liloinen doodit	ICK	Signatui	e with sear.	,
	cedures referred o		ry to file a claim f	or medical servi	ices on my behalf and I confirm that the abo
mentioned exa person who ha	mination/Investiga s provided medica	tion/therapy is give	n to me by the dournish any and all	octor. I hereby a	th regard to any medical history, medical cor

Date 16-Jul-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S,	10	10

Medicine	Dose	Duration	Quantity
	BLISTER PACK)		
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	7	2
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	4	16