



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

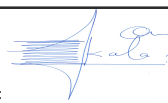
Medical Expenses Claim form

Date: **16-Jul-2024**
Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-1994-2810897-3**
Card Holder's Name: **DANUSHAKA MUTHUKUMARA** Age: **30Y - 4M - 13D** Sex: **Male**
Name: **ELLAPPERUMA ARACHCHIGE**
Card Holder's Tel No: Mobile No: **971589354096**
Ins Card No: **I019-010-120039269-01** Valid Upto: **7/6/2025**
Company Name: **FMC Standard Network** Employee No: _____ Nationality: **Sri Lankan**



Clinical Details: Temp **36.5** B.P. **120** Pulse. **69**
Signs & Symptoms: **RISK FOR FALL**
Date of Onset Illness : _____
Diagnosis: **J20.9 - Acute bronchitis, unspecified, R05 - Cough**
☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Management plan (Services inside the clinic including injections and investigations)
9, Consultation Gp , General Consultation

Doctor's Name: **Enomen Goodluck** signature with seal: 

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
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 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 **16-Jul-2024**



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	7	0.0000
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	10	10	0.0000
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	10	1	0.0000
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	5	5	0.0000