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: 25-Jul-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1993-5106535-6
Card Holder's Name: ROMESH SHALITHA SILVA MIHIDU KULASOORIYA WARNA PELILAGE Age: 31Y - 3M - 4D Sex: Male
Card Holder's Tel No: Mobile No: 0501709652
Ins Card No: I019-010-118984990-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp 36.9 B.P. 92 Pulse. 103
Signs & Symptoms: risk for fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified, J00 - Acute nasopharyngitis [common R05 - Cough, R51.9 - Headache, unspecified

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

0095-107701-0801, (CEFTRIAXONE : 1000 MG) POWDER FOR INJECTION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS , TO 1 HR , Co.Pay,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJE Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation,96374, THER/PROPH/DIAG INJ Co.Pay,2040-106618-1001, PARACETAMOL S.A.L.F , Pharmacy

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck
General Practitioner
DHA No: 28040827-00
CITICARE MEDICAL CENTE
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 abo 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 co medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 25-Jul-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	5	1

Medicine	Dose	Duration	Quantity
CETIRIZINE HCL	Tablet	5	5
(CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET	CAPLET-TABLET (30S, BLISTER)	5	10
(TULSI (OCIMUM SANCTUM) : 100 MG/10ML) (ADHATODA VASICA : 100 MG/10ML) (VIOLA ODORATA : 75 MG/10ML) (CURCUMA LONGA : 25MG/10ML) (ELETTARIA CARDAMOMUM : 25MG/10ML) (GLYCYRRHIZA GLABRA : 100 MG/10ML) (SOLANUM XANTHOCARPUM : 75 MG/10ML) (PIPER LONGUM : 25MG/10ML) (ZINGIBER OFFICINALE : 50MG/10ML) (DALCHINI : 10 MG/10ML) (SYZYGIUM AROMATICUM : 10 MG/10ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, BOTTLE)	5	10