

**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 Age: 31Y - 3M Sex: Male
KULASOORIYA WARNA PELILAGE - 4D

Card Holder's Tel No: Mobile No: 0501709652

Ins Card No: I019-010-118984990-01 Valid Upto: 7/6/2025

Company: FMC Standard Employee: Nationality: Sri Lankan
Name: Network No:

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

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified, J00 - Acute nasopharyngitis [common 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, 0442-106618-1001, (PARACETAMOL : 10 MG) SOLUTION FOR INFUSION , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 0125-122107-102 DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy, 96372, THER/INJ SC/IM , Co.Pay, 9, Consultation Gp , General Consultation, 96374, THER/PROPH/

Doctor's Name: Enomen Goodluck

signature with seal:

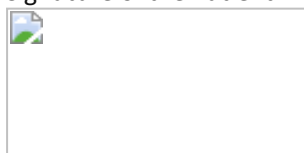
Dr. Enomen Goodluck
 General Practitioner
 DHA No: 280408
 CITICARE MEDICAL CENTER
 DUBAI - U.A.E.

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 aforementioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any person who has provided medical services to me to furnish any and all information with regard to any medical history, medical conditions, 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
CETIRIZINE HCL	Tablet	5	5
(CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET	CAPLET-TABLET (30S, BLISTER)	5	10

Medicine	Dose	Duration	Quantity
(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