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

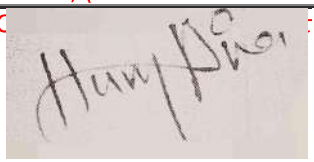
Date: 05-Dec-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-1290117-6
Card Holder's Name: MAREENA THISHUNI HIMASHA EDIRISINGHE Age: 23Y - 0M - 18D Sex:Female
Card Holder's Tel No: Mobile No: 0586687403
Ins Card No: I005-010-120365768-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____Nationality: Sri Lankan

Clinical Details: Temp36 B.P.118 Pulse. 86
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: N39.0 - Urinary tract infection, site not specified, R50.9 - Fever, unspecified, R30.9 - Painful micturition, unspecified

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

0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLU INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0131-116601-1001, (METRONIDAZOLE : 500 MG/100ML) SO FOR INFUSION , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO

Doctor's Name: Humaira signature with seal:



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 05-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	7	7

Medicine	Dose	Duration	Quantity
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	14
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12
(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (30 X 4.25G, SACHET)	7	21
(HYOSCINE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (200S, BLISTER PACK	3	6