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: 19-Dec-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-7354393-8
Card Holder's Name: WASANTHA KUMARA DON SENDANAYAKE Age: 42Y - 3M - 13D Sex:Male
Card Holder's Tel No: Mobile No: 0556745749
Ins Card No: I019-010-115402310-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp38 B.P.147 Pulse. 89
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J22 - Unspecified acute lower respiratory infection, J20.9 - Acute bronchitis, unspecified, R50.9 - Fever, unspecified, E86 Dehydration, R05 - Cough, R06.00 - Dyspnea, unspecified

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

96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,000 149902-1021, CLOFEN , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,96372, THER/PROPH/I SC/IM , Co.Pay,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,9 TX/PRO/DX INJ NEW DRUG ADDON , Co.Pay,94640, AIRWAY INHALATION TREATMI Pharmacy,9, Consultation Gp , General Consultation

Dr. Enomen Goodluck I
General Practitioner
DHA No: 28040827-00
CITICARE MEDICAL CENTE
DUBAI - U.A.E.

Doctor's Name: Enomen Goodluck 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 19-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(PREDNISOLONE : 5 MG TABLETS	TABLETS (20S, BLISTER PACK	7	14

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	14
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	7	1
(IBUPROFEN : 400 MG TABLETS	TABLETS (24S, BLISTER PACK	5	15
(DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	10	20
(XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS	NASAL DROPS (10ML, BOTTLE)	5	1