

**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 formDate: **26-Dec-2024**Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-2000-5644083-5**Card Holder's Name: **Marcian Abeykoon** Age: **24Y - 8M - 13D** Sex: **Female**Card Holder's Tel No: Mobile No: **0526959357**Ins Card No: **I019-010-120160022-01** Valid Upto: **7/6/2025**Company **FMC Standard** Employee Nationality: **Sri**Name: **Network** No: Nationality: **Lankan**Clinical Details: Temp **37** B.P. **132** Pulse. **101**Signs & Symptoms: **RISK OF FALL**Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow upDiagnosis: **J20.9 - Acute bronchitis, unspecified, J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R07.89 - Other pain**Management plan (Services inside the clinic including injections and investigations)

94640, AIRWAY INHALATION TREATMENT , Co.Pay,0006-402803-2071, VENTOLIN NEBULES , Pharmacy,85025, COMPLETE CBC W/ DIFF WBC , Lab,9, Consultation Gp , General Consultation

Doctor's Name: **Enomen Goodluck**

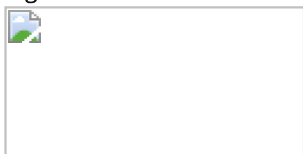
signature with seal:

Dr. Enomen Goodluck I
 General Practitioner
 DHA No: 28040827-00
CITICARE MEDICAL CENTRE
 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 a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical conditions and medical services and copies of all medical and Clinic records.

Signature of the Patient

Date **26-Dec-2024**

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	10	20

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	7	1
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	5
(XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS	NASAL DROPS (10ML, BOTTLE)	5	1