

## ANNEXURE V

## **FMCNETWORKUAE**

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

Nationality:

30/9/2025

971524117855

Date: 22-Jan-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1991-9609828-1

Card Holder's ASANKA GIHAN CHANDRARATNA 33Y - 4M -

Name: KATUGODAGE DON

Card Holder's Tel No: Mobile No:

Ins Card No: 1005-010-117511253-01 Valid Upto: Company FMC Standard Employee

Name: Network No:



Clinical Details: Temp37.3 B.P.170 Pulse. 108

Signs & Symptoms: Risk of Fall

Date of Onset Illness:

Diagnosis: M62.830 - Muscle spasm of back, R52 - Pain, unspecified, I10 - Essential (primary) hypertension

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

0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION, Pharmacy,96372, THER/PROPI SC/IM, Co Pay 9, Consultation Gp., General Consultation

SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Han/Pro

Dr. Humaira M General Practit DHA No: 541555 CITICARE MEDICAL (

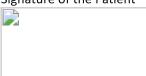
Doctor's Name: Humaira signature with seal:

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medica medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 22-Jan-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	10
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	10
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	1	1
(AMLODIPINE (AS BESYLATE : 10 MG TABLETS	TABLETS (30S, BLISTER	30	1