

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

Date: 05-Feb-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1984-3818615-1 Card Holder's Name: KULESHIKA OMALI PUSSALLA Age: 40Y - 1M - 27D Sex: Female

Card Holder's Tel No: Mobile No: 0588975114

Ins Card No: 1005-010-116125788-01 Valid Upto: 30/9/2025

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



Clinical Details:	Temp <mark>36</mark>	B.P. 140	Pulse. <mark>86</mark>					
Signs & Symptoms: RISK (OF FALL							
Date of Onset Illness :		○ Emergency ○ Work related ○ New visit ○ Follow up visit						
Diagnosis: R11.2 - Nausea with vomiting, unspecified, R51.9 - Headache, unspecified, R10.13 - Epigastric pain								
Management plan (Services inside the clinic including injections and investigations)								
9, Consultation Gp , General Consultation,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0005-149902-1021, CLOFEN , Pharmacy,85027,								
COMPLETE CBC AUTOMATED , Lab,0005-150403-1021, PREMOSAN , Pharmacy,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay								

Doctor's Name: SANDIA signature with seal:

Dr. Sandia Bhojwani General Practitioner DHA No: 65900212-001 PESHAWAR MEDICAL CENTER LLC 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 any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 05-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

That indecated to be fined by the dating decision only)								
Medicine	Dose	Duration	Quantity	Price				
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	5	15	2.2900				
(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER	5	15	0.8000				