

**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: 27-Feb-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-5120510-0

Card Holder's Name: ANTON SITHUM CHATHURANG JAYAMAHA Age: 24Y - 8M - 0D Sex: Male

Card Holder's Tel No: Mobile No: 0524799560

Ins Card No: I005-010-118774237-01 Valid Upto: 30/9/2025

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



Clinical Details: Temp 36

B.P. 128

Pulse: 76

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: J02.9 - Acute pharyngitis, unspecified, R05 - Cough, R52 - Pain, unspecified

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

0005-149902-1021, CLOFEN , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 9, Consultation Gp , General Consultation, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
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 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 27-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	5	1	0.0000
(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	5	10	0.0000
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	5	15	0.0000