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

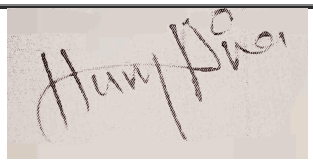
Date: 10-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1997-3794462-1
Card Holder's Name: HASARU UDAYA KUMARA KULARATHNA MADDUMAGE Age: 27Y - 9M - 0D Sex: Male
Card Holder's Tel No: Mobile No: 0524552267
Ins Card No: I019-010-119056811-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp 36.8 B.P. 100 Pulse. 63
Signs & Symptoms:
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follov
Diagnosis: Z87.440 - Personal history of urinary (tract) infections, A49.9 - Bacterial infection, unspecified, R52 - Pain, unspecifi

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

0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION , Pharmacy,0102-152902-1001, LA RINGERS INJECTION USP , Pharmacy,0005-149902-1021, CLOFEN , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX Co.Pay,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

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 10-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(CIPROFLOXACIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	14
(SODIUM BICARBONATE : 1.76G (SODIUM CITRATE ANHYDROUS : 0.63G (TARTARIC ACID : 0.89G (CITRIC ACID ANHYDROUS : 0.715 G EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 10, SACHET	7	14
(NAPROXEN : 500 MG TABLETS	TABLETS (10S, BLISTER PACK	7	14