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

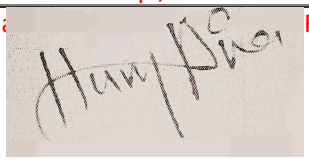
Medical Expenses Claim form

Date: 12-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-9478639-7
Card Holder's Name: NAYOMI TRIKSI ANJANA PERUMA BADU Age: 30Y - 6M - 22D Sex: Female
Card Holder's Tel No: Mobile No: 0505375390
Ins Card No: I005-010-118053016-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network 3 Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp 36.9 B.P. 97 Pulse. 80
Signs & Symptoms:
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R03.1 - Nonspecific low blood-pressure reading, R05 - Cough, back pain

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,012
1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pa
149902-1021, CLOFEN , Pharmacy,9, Consultation Gp , General Consultation,9, Consultation Gp , General Consultation,0005-14
CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharma I
SUBQ/IM , Co.Pay



Dr. Humaira Mu
General Practitio
DHA No: 5415553
CITICARE MEDICAL CE
DUBAI - U.A.E

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

Signature of the Patient

Date 12-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(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
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	7	14
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	7	21

Medicine	Dose	Duration	Quanti
(AZITHROMYCIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	7	14
(SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET)	3	3