FMC NETWORK UAE
WE TAKE CARE OF YOU

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

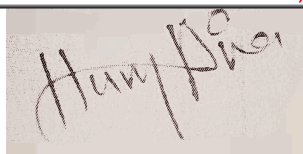
Medical Expenses Claim form

Date: 15-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1984-6928373-7
Card Holder's Name: CHANDAKA PRSANNA DE SILVA WALIMUNI Age: 40Y - 3M - 20D Sex: Male
Card Holder's Tel No: Mobile No: 0588312315
Ins Card No: I005-010-118741777-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: __________ Nationality: Sri Lankan

Clinical Details: Temp 36.5 B.P. 118 Pulse. 66
Signs & Symptoms:
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R52 - Pain, unspecified, R09.81 - Nasal congestion, J30.89 - Ot rhinitis

Management plan (Services inside the clinic including injections and investigations)
85027, COMPLETE CBC AUTOMATED , Lab,0005-149902-1021, CLOFEN , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pa 111805-1021, CHLOROHISTOL 10MG , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0188-13 PULMICORT , Pharmacy,9, Consultation Gp , General Consultation,94640, AIRWAY INHALATION TREATMENT , Co.Pay

Doctor's Name: Humaira signature with seal:



Dr. Humaira Mu
General Practitio
DHA No: 5415553
CITICARE MEDICAL CE
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 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 15-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10
(AZITHROMYCIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	10
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	5	10
(DICLOFENAC SODIUM : 50 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10