

## 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: 17-Mar-2 Clinic Name: Card Holder's Name: Card Holder's Ins Card No: Company Name:	CITICARE MEDICAL C INDIKA PRASAD RA PERAKOTUWE WE	ANASINGHA DARALLAGE Mobile No:	rates: 784-1982-3043518-6 Age: 42Y - 2M - Sex:M 16D 524933547 /alid Upto: 30/9/2025Nationality: Cankan	ale	
Clinical Details		Temp <mark>36.3</mark>	B.P.123	Pu	lse. 80
Signs & Sympt Date of Onset			○ <b>F</b>	cy O Work related O N	Iaiait O Falla
1		nspecified, E78.5 - I	Hyperlipidemia, unspecified,	•	
Managemen	nt plan (Services insid	e the clinic includin	g injections and investigation	ns)	
INFUSION INIT		02-0781, RISEK 40M	152902-1001, LACTATED RIN G , Pharmacy,96365, IV INFL		• • • • • • • • • • • • • • • • • • • •
Doctor's Nam	ne: DR Amaizah		signature with seal:	trail and	Dr. Amaizah Is General Practit Dha: 98486553 Citicare Medical Dubai - U.A.
DOCTOL 2 Mall	ile. DK Alliaizali		Signature with Seal.		30 1 feet feet - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ū	ocedures referred out				
mentioned exa	amination/Investigati	on/therapy is given ervices to me to fu	to file a claim for medical se to me by the doctor. I hereb nish any and all information	y authorize any Clinic, Ph	nysician, Pharmacy

Date 17-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

Signature of the Patient

Medicine	Dose	Duration	Quanti
(LACTULOSE : 66.7%) SYRUP	SYRUP (300ML, PLASTIC BOTTLE)	5	1
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE	14	14
(TRANEXAMIC ACID : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	3

Medicine	Dose	Duration	Quanti
(HESPERIDIN : 50 MG (DIOSMIN (FLAVONOIDIC FRACTION : 450 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK	7	7