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

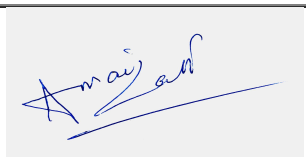
Date: 17-Mar-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-3043518-6
Card Holder's Name: INDIKA PRASAD RANASINGHA PERAKOTUWE WEDARALLAGE Age: 42Y - 2M - 16D Sex: Male
Card Holder's Tel No: Mobile No: 524933547
Ins Card No: I005-010-116122251-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp 36.3 B.P. 123 Pulse. 80
Signs & Symptoms:
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow
Diagnosis: K59.00 - Constipation, unspecified, E78.5 - Hyperlipidemia, unspecified, R63.0 - Anorexia, K29.00 - Acute gastritis wit bleeding

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0102-152902-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96361, HYI INFUSION ADD-ON , Co.Pay,0005-174202-0781, RISEK 40MG , Pharmacy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST T Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah signature with seal:



Dr. Amaizah Isl
General Practitio
DHA: 98486553-(
CITICARE MEDICAL
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 17-Mar-2025

Pharmaceuticals (to be filled by treating doctor only)

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
(PREDNISOLONE : 5 MG TABLETS	TABLETS (40S, BLISTER	3	3