

ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel - 04 3871900, Fax - 04 3977842 Email - approval@fmchealthcare.ae Helpline Number: 600-56569

Medical Expenses Claim form

Date	: 19)-M	ar-2	.02	5

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1987-7444715-9 Card Holder's Name: PRABU DURIRAJ Age: 37Y - 4M - 20D Sex: Male

Card Holder's Tel No: Mobile No: 0501011778 Valid Upto: Ins Card No: 1005-010-121925199-01 30/9/2025 Nationality: Lankan Company **FMC Standard** Employee Name: Network No:



Clinical Details: Signs & Symptoms:	Temp <mark>36.3</mark>	B.P. <mark>96</mark>	Pulse. <mark>62</mark>
Date of Onset Illness :		○ Emergency ○ Work rel	ated O New visit O
Diagnosis: R52 - Pain, un	specified, M79.603 - P	Pain in arm, unspecified, M62.838 - Other muscle sp	asm

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

0135-149902-0511, (DICLOFENAC SODIUM: 75 MG/3ML) INJECTION, Pharmacy,0125-122107-1022, DEXAMETHASONE PHOSPHATE, Pharmacy,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) SOLUTION FOR INF Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR

Consultation Gp , General Consultation

Doctor's Name: DR Amaizah signature with seal:

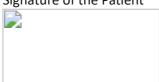
Dr. Am Gener DHA: CITICARE

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

Signature of the Patient

Date 19-Mar-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration
(VITAMIN D3 : 400 IU) (MAGNESIUM : 48 MG) (ZINC : 3.4 MG) (VITAMIN K2 : 90 MCG) (CALCIUM : 320 MG) TABLETS	TABLETS (60S, BLISTER)	30
(PREDNISOLONE : 5 MG TABLETS	TABLETS (20S, BLISTER PACK	5