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-Mar-2025
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
Ins Card No: I005-010-121925199-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp36.3 B.P.96 Pulse. 62
Signs & Symptoms:
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○
Diagnosis: R52 - Pain, unspecified, M79.603 - Pain in arm, unspecified, M62.838 - Other muscle spasm

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
DU

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 tha mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pha person who has provided medical services to me to furnish any and all information with regard to any medical history, m 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 |