



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: 26-Apr-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2001-8832300-8

Card Holder's Name: MOHAMMED INDISHAM SALAHUDEEN Age: 24Y - 3M - 21D Sex: Male

Card Holder's Tel No: Mobile No: 0557719405

Ins Card No: I005-010-118947924-01 Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: Nationality: Sri Lankan



Clinical Details: Temp 37.5 B.P. 120 Pulse: 76

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unspecified, R52 - Pain, unspecified, E86.0 - Dehydration

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

0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy, 85027, COMPLETE CBC AUTOMATED , Lab, 0439-152905-1001, LACTA INJECTION USP , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLU INJECTION , Pharmacy, 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 96360, HYDRATION IV INFUSION INIT , Co. Pay, 96372, THER/PROPH/DIA Consultation

Doctor's Name: DR Amaizah

signature with seal:

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

Signature of the Patient



Date 26-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	5
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	3	6

