



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: 30-Apr-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-5120510-0
Card Holder's Name: ANTON SITHUM CHATHURANG JAYAMAHA Age: 24Y - 10M Sex: Male
MUDALIGE DON - 3D
Card Holder's Tel No: Mobile No: 0524799560
Ins Card No: I005-010-118774237-01 Valid Upto: 30/9/2025
Company: FMC Standard Employee Nationality: Sri Lankan
Name: Network No:



Clinical Details: Temp 37.9 B.P. 120 Pulse. 88
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R52 - Pain, unspecified, R50.9 - Fever, unspecified, R05 - Cough

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

85027, COMPLETE CBC AUTOMATED , Lab, 0195-107704-0802, CEFTRIAXONE-TABUK IM , Pharmacy, 2190-106618-1001, PARAFUSIV 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay, 9, Consultation Gp , General Consultation, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay

Doctor's Name: DR Amaizah

signature with seal:

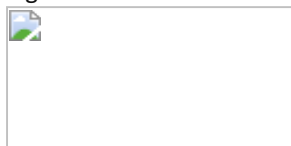
Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTRE
DUBAI - U.A.E

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

Signature of the Patient

Date 30-Apr-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10
(PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER)	3	6
(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	5	1
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (200S, BLISTER PACK)	3	3

