

**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: 02-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1996-2135332-7

Card Holder's Name: JIMA ANJANIE WIJENAYAKA

Age: 28Y - 5M - 10D

Sex: Female

Name: DOMBAGODA PALLE GEDARA

Card Holder's Tel No:

Mobile No:

0509250321

Ins Card No: I005-010-117760326-01

Valid Upto: 30/9/2025

Company: FMC Standard

Employee No:

Nationality: Sri

Name: Network

No:

Lankan



Clinical Details:

Temp 37

B.P. 110

Pulse: 86

Signs & Symptoms: Risk of Fall

Date of Onset Illness :

☐

Emergency

☐

Work related

☐

New visit

☐

Follow up visit

Diagnosis: R21 - Rash and other nonspecific skin eruption, B01.9 - Varicella without complication

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

85027, COMPLETE CBC AUTOMATED , Lab,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION , Pharmacy,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 CENTER
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 other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 02-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS	TABLETS (30S, BOX)	30	30	1.1000