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

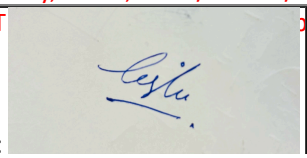
Date: 05-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1990-2549807-4
Card Holder's Name: THARUKA NILSHANI DEVASURENDRA Age: 34Y - 8M - 29D Sex: Female
Card Holder's Tel No: Mobile No: 0569414971
Ins Card No: I005-010-120835107-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp 37.2 B.P. 154 Pulse. 103
Signs & Symptoms: risk of fall
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unspecified, R09.81 - Nasal congestion, R05 - Cough, R52 - Pain, ur

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

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharma
106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy,0188-135906-2441,
PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.P
THER/PROPH/DIAG INJ IV PUSH , Co.Pay,94640, AIRWAY INHALATION TREATMENT

Doctor's Name: AISHA signature with seal:



Dr. Aisha Umer
Physician- General Practitio
DHA- 40131439-002
CITICARE MEDICAL CEN
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 abo mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical co medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 05-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(BECLOMETHASONE DDIPROPIONATE : 50 MCG) NASAL AEROSOL SPRAY	NASAL AEROSOL SPRAY (200 DOSES (10ML) , UNIT)	5	10
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	10
(DEXTROSE : 50 MG/ML) (DEXTRAN 40 : 100 MG/ML) SOLUTION FOR INFUSION	Tablets	5	15
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	10