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

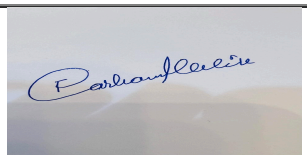
Date: 07-May-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-1068137-1
Card Holder's Name: ARAVINDA RUMESH NETHSARA ATHTHANAYAKE ATHTHANAYAKE MUDIYANSELAGE Age: 26Y - 7M - 13D Sex: Male
Card Holder's Tel No: Mobile No: 0561023776
Ins Card No: I005-010-121925253-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Sri Lankan

Clinical Details: Temp 37.4 B.P. 109 Pulse. 87
Signs & Symptoms: Risk of fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow u
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R09.81 - Nasal congestion, M54.5 - Low back pain

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

85027, COMPLETE CBC AUTOMATED , Lab,0188-135906-2441, PULMICORT , Pharmacy,0005-149902-1021, CLOFEN , Pharmacy,9
THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Dr.Farhan Iyas signature with seal:



Dr .Frahan Ilyas Ma
Physician-General Prac
DHA-06441782-0
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 ab
mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or
person who has provided medical services to me to furnish any and all information with regard to any medical history, medical c
medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 07-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	5	1
(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	5
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	5	15
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10

Medicine	Dose	Duration	Quantity
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10