



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: 13-May-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1986-4610809-6

Card Holder's Name: ROSHITHA NISHAN WEERAKKODY Age: 38Y - 9M - 18D Sex: Male

Card Holder's Tel No: Mobile No: 0521553976

Ins Card No: I005-010-116136842-01 Valid Upto: 30/9/2025

Company: FMC Standard Employee No: Nationality: Sri Lankan



Clinical Details: Temp 36.6 B.P. 127 Pulse. 72
 Signs & Symptoms:
 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
 Diagnosis: K25.3 - Acute gastric ulcer without hemorrhage or perforation, R10.84 - Generalized abdominal pain, R52 - Pain, unspecified

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

0005-149902-1021, CLOFEN , Pharmacy, 0005-136504-1021, SCOPINAL , Pharmacy, 0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 96361, HYDRATE IV INFUSION ADD-ON , Co.Pay, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay, 1217-605301-4081, (ESOMEPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR SOLUTION FOR INJECTION/ INFUSION , Pharmacy, 9, Consultation Gp , General Consultation

Doctor's Name: Dr. Farhan Ilyas

signature with seal:

Dr .Farhan Ilyas Malik
 Physician-General Practitioner
 DHA-06441782-001
 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 13-May-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(HYOSCINE : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK)	5	10	0.2300
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, HDPE BOTTLE)	5	5	0.0000
(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	1.2500