

**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: 21-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1990-2549807-4

Card Holder's Name: THARUKA NILSHANI

Age: 34Y - 11M -

Sex: Female

Name: DEVASURENDRA

Age: 15D

Card Holder's Tel No:

Mobile No:

0569414971

Ins Card No: I005-010-120835107-01

Valid Upto: 30/9/2025

Company: FMC Standard

Employee

Name: Network

No:

Nationality: Sri Lankan



Clinical Details:

Temp 36.2

B.P. 165

Pulse. 90

Signs & Symptoms: risk of fall

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, R07.0 - Pain in throat, R51.9 - Headache, unspecified - Low back pain

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

85027, COMPLETE CBC AUTOMATED , Lab, 94640, AIRWAY INHALATION TREATMENT , Co. Pay, 0188-135906-2441, PULMICORT Consultation Gp , General Consultation

Doctor's Name: Dr. Farhan Iyas

signature with seal:

Dr. Farhan Iyas
 Physician-General F
 DHA-0644178
 CITICARE MEDICAL
 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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 21-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP	SYRUP (100ML, GLASS BOTTLE)	5	1
(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10

Medicine	Dose	Duration	Quantity
(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	5