

**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: 10-Aug-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-6993636-1

Card Holder's BUDDHINI MANODYA KUMARI KAHANDAWA
 Name: KAHANDAWA MUDIYANSELAGE Age: 11M - 17D Sex: Female

Card Holder's Tel No: Mobile No: 0562383653

Ins Card No: I005-010-119231692-01 Valid Upto: 30/9/2025

Company FMC Standard Employee
 Name: Network No: Nationality: Sri Lankan



Clinical Details: Temp 36 B.P. 100 Pulse. 90
 Signs & Symptoms: risk of fall
 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
 Diagnosis: M62.838 - Other muscle spasm, M25.512 - Pain in left shoulder, M75.52 - Bursitis of left shoulder, I95.9 - Hypotension, unspecified

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

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,0439-152905-1001, LACTATED RINGERS INJECTION USP , Pharmacy,96360, HYDRATION IV INFUSION INIT , Co.Pay,9, Consultation Gp , General Consultation,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Doctor's Name: AISHA

signature with seal:

Dr. Aisha Umer
 Physician- General Practitioner
 DHA- 40131439-002
 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 10-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(SODIUM AESCINATE : 20 MG) TABLETS	TABLETS (40S, BOX)	5	10	0.6400
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	10	0.0000
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	5	10	0.0000