

**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: 06-Apr-2024

Clinic Name: Irham Medical Center Arjan

Emirates: 784-1982-7354393-8

Card Holder's Name: WASANTHA KUMARA DON

Age: 41Y - 6M -

Sex: Male

SENDANAYAKE

30D

Card Holder's Tel No:

Mobile No:

0556745749

Ins Card No: I011-010-115402310-02

Valid Upto: 7/6/2024

Company Name: FMC NETWORK UAE

Employee No:

Nationality: Sri

MANAGEMENT

No:

Lankan

CONSULTANCY



Clinical Details:

Temp 36.8

B.P. 144

Pulse. 78

Signs & Symptoms: risk of fall

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R06.00 - Dyspnea, unspecified, R50.9 - Fever, unspecified

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

9, Consultation Gp , General Consultation, 96365, IV Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AED 40.0000) , Co.Pay, 0195-10801, CEFTRIAXONE-TABUK IV , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay, 0005-149902-1021, CLOFEN , Pharmacy, 0122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy, 946 AIRWAY INHALATION TREATMENT , Co.Pay, 0006-402803-2071, VENTOLIN NEBULE: Pharmacy, 96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay

Doctor's Name: Enomen Goodluck

signature with seal:

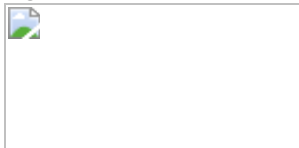


Diagnostic Procedures referred outside:

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 a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical records and copies of all medical and Clinic records.

Signature of the Patient

Date 06-Apr-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS	NASAL DROPS (10ML, BOTTLE)	5	1

Medicine	Dose	Duration	Quantity
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	10
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	5	10
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	7