



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: 28-Jun-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-9371927-4

Card Holder's Name: AVTAR SINGH BALDEV SINGH Age: 30Y - 5M - 7D Sex: Male

Card Holder's Tel No: Mobile No: 971563093585

Ins Card No: I019-010-119952253-01 Valid Upto: 7/6/2025

Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details: Temp 36.4 B.P. 134 Pulse. 64
Signs & Symptoms: risk of fall
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: M54.2 - Cervicalgia, M47.23 - Other spondylosis with radiculopathy, cervicothoracic region, G24.3 - Spasmodic tort

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

9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck

signature with seal:

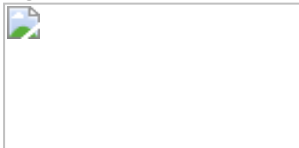
Dr. Enomen Goodluck
General Practitioner
DHA No: 280408
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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 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 28-Jun-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	30
(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	15
(DICLOFENAC SODIUM : 1%) GEL	GEL (30G, TUBE)	14	1