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: 05-Jul-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-2585321-6
Card Holder's Name: SAJJAD ALI MUHAMMAD NIAZ Age: 29Y - 5M - 11D Sex: Male
Card Holder's Tel No: Mobile No: 0545329492
Ins Card No: I019-010-117080831-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Pakistani

Clinical Details: Temp 37.3 B.P. 124 Pulse. 63
Signs & Symptoms: risk of fall
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up
Diagnosis: M54.5 - Low back pain, N20.2 - Calculus of kidney with calculus of ureter, N10 - Acute pyelonephritis

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

81005, URINALYSIS , Lab,9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck signature with seal:

Dr. Enomen Goodluck
General Practitioner
DHA No: 28040827-00
CITICARE MEDICAL CENTE
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 abov 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 con medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 05-Jul-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(DICLOFENAC SODIUM : 100 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	30

Medicine	Dose	Duration	Quantity
(DICLOFENAC SODIUM : 1%) GEL	GEL (30G, TUBE)	14	1