

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-	Ind	1-2	024

Clinic Name: CITICARE MEDICAL CENTER LLC
Card Holder's Name: MUBASHAR NASIR
Card Holder's Tel No: Mobile No: 0565350669

Medicard Holder's Tel No: 0565350669



cara moraci s	Territo.	WIODIIC IVO.	0303330003		
Ins Card No:	1019-010-11958		Valid Upto: 7/6/2025		
Company	FMC Standard	Employee	Nationality:Pakis	tani	
Name:	Network	No:	ivationality.Fakis	itanii	
I					
Clinical Detail		Temp	B.P.	Pı	ılse.
Signs & Symp					
Date of Onse	t Illness :		○ Emerge	ncy OWork related O	New visit O Follow up visit
Diagnosis: Ma	47.897 - Other spond	ylosis, lumbosacral	region, M54.5 - Low back p	ain	
	·		<u> </u>		
Manageme	nt plan (Services insid	de the clinic includin	g injections and investigation	ons)	
	<u> </u>		19902-1021, CLOFEN , Phari	· ·	General Consultation
90372, THEN	FROFTI, DIAG INJ 3C	11VI , CO.F ay,0003-1-	19902-1021, CLOI LIV , FIIAII	nacy, 9, consultation op,	General Consultation
				-	
					Dr. Enomen Goodluck Ekata
					General Practitioner DHA No: 28040827-001
					CITICARE MEDICAL CENTER LLC
Doctor's No.	me: Enomen Goodlud	de.	signature with seal		DUBAI - U.A.E.
DOCTOL 2 Mai	ine. Enomen Goodiuc	,K	signature with sear		· · · · · · · · · · · · · · · · · · ·
Diagnostic Pr	ocedures referred ou	tside:			
I hereby auth	orize the physician, H	ospital or pharmacy	to file a claim for medical:	services on my behalf and	I confirm that the above-
mentioned ex	camination/Investigat	ion/therapy is given	to me by the doctor. I here	by authorize any Clinic, P	hysician, Pharmacy or any other
person who h	as provided medical	services to me to fu	rnish any and all informatio	n with regard to any med	ical history, medical condition, o
	cas and conias of all n		•		**

Signature of the Patient

Date 05-Jul-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(DICLOFENAC SODIUM : 100 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000
(PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BLISTER PACK)	4	24	0.0000
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	30	0.0000
(EUCALYPTUS OIL : 2 G/100G) (TURPENTINE OIL : 3 G/100G) (MENTHOL : 5 G/100G) (WINTERGREEN OIL : 15 G/100G) OINTMENT	OINTMENT (100G, TUBE)	14	1	0.0000