

ANNEXURE V

FMCNETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Ex	nenses C	laim form
IVICAICAI L/	DC113C3 C	iuiiii ioiiii

Date: 17-Aug-2 Clinic Name: (Card Holder's Name: Card Holder's T Ins Card No: Company Name:	CITICARE MEDICAL NABEEL AHM FATEH	AD MUHAMMAD Mobile No:	Age: 30Y - 4M - Se 15D 0527095462 Valid Upto: 27/4/202	ex:Male 25	
Clinical Details		Temp <mark>37</mark>	B.P.126		Pulse. <mark>86</mark>
Date of Onset					○ Work related ○ New visit ○ Follow up visit itis (ulcerative), unspecified
Management	t plan (Services insi	de the clinic includ	ing injections and investig	ations)	
2190-106618-1	1001, (PARACETAM	OL : 10 MG/ML) SC		harmac	cy,96365, IV INFUSION THERAPY/PROPHYLAXIS /DX
Doctor's Nam	e: AHSAN HUSSAIN	ı	signature with s	eal:	
Diagnostic Pro	cedures referred οι	ıtside:			

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the abovementioned 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 17-Aug-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
PHENAZONE	Otic Drops	5	10	0.0000
(IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER)	7	14	0.0000