

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

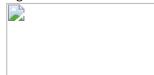
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Date: 27-Aug Clinic Name: Card Holder' Name: Card Holder's Ins Card No: Company Name:	CITICARE MEDICAL s TEK BAHADUR KHADKA	KHADKA YAM BAH Mobile No:	Age: 8D 05042 Valid Upto:	′ - 7M - Sex:Male		
Clinical Detai	ils:	Temp <mark>37</mark>		B.P.139	Pu	lse. <mark>83</mark>
Signs & Symp Date of Onse Diagnosis: \$4		of left upper arm, i	nitial encounter,		○ Work related ○ Nain due to trauma	New visit O Follow (
Manageme	ent plan (Services ins	ide the clinic includ	ling injections ar	nd investigations)		
l '	Cleansing With Surg				ay,0005-149902-1021 eters And 48 Sq Inches	•
Doctor's Na	me: <mark>Enomen Goodlu</mark>	ıck	signat	ture with seal:	Jala:	Dr. Enomen Goodluc General Practition DHA No: 28040827 CITICARE MEDICAL CEN DUBAI - U.A.E.
J	rocedures referred or		ov to file a claim	a for modical serve	ings on my babalf and	Loopfirm that the ab
hereby auth	orize the physician, l	Hospital or pharma	ıcy to file a claim	n for medical serv	ices on my behalf and	I confirm that the ab

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 cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 27-Aug-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (10S, BLISTER PACK)	5	10