

**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 formDate: **08-Sep-2024**

Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-2001-4494025-9**
Card Holder's Name: **JUNE GHOSH RAJIB GHOSH** Age: **23Y - 6M - 13D** Sex: **Female**
Card Holder's Tel No: Mobile No: **0545431134**
Ins Card No: **I019-010-118408965-01** Valid Upto: **7/6/2025**
Company Name: **FMC Standard Network** Employee No: _____ Nationality: **Indian**



Clinical Details: Temp **37** B.P. **107** Pulse. **87**
Signs & Symptoms: **risk for fall**
Date of Onset Illness : _____
☐ Emergency ☐ Work related ☐ New visit ☐ Follow up
Diagnosis: **R51.9 - Headache, unspecified, G43.009 - Migraine w/o aura, not intractable, w/o status migrainosus, R11.10 - Vomiting, unspecified**

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

0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPHYLAXIS/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: **Humaira**

signature with seal:

Dr. Humaira M
General Practitioner
DHA No: 541555
CITICARE MEDICAL C
DUBAI - U.A.

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 **08-Sep-2024**

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	10

Medicine	Dose	Duration	Quant
SUMATRIPTAN SUCCINATE	Tablet	2	2
(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	10