

ANNEXURE V 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

24Y - 11M -

Date:	14-Se	p-20	24
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Name:

Emirates: 784-1999-5959508-5 Clinic Name: CITICARE MEDICAL CENTER LLC

Card Holder's RAHUL SINGH SINOD KUMAR

SINGH

Sex:Male

Card Holder's Tel No: Mobile No: 054449118

1019-010-118433320-01 Ins Card No: Valid Upto: 7/6/2025 Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details:	Temp36.9	B.P.119	Pulse. 106
Signs & Symptoms: RISI	K FOR FALL		
Date of Onset Illness :		○ Emergency	○ Work related ○ New visit ○ Follow up
Diagnosis: M25.511 - Pa	ain in right shoulder, E55	.9 - Vitamin D deficiency, unspecified	

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

9, Consultation Gp, General Consultation

Dr. Enomen Goodluck I **General Practitioner** DHA No: 28040827-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.

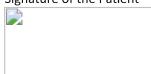
Doctor's Name: Enomen Goodluck signature with seal:

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 above 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 cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 14-Sep-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(DICLOFENAC SODIUM : 1%) GEL	GEL (30G, TUBE)	15	1
(ETORICOXIB : 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (7S, BLISTER PACK)	7	7

Medicine	Dose	Duration	Quantity
(CHOLECALCIFEROL : 10000 IU) SOFT GELATIN CAPSULES	SOFT GELATIN CAPSULES (30S, HDPE BOTTLE)	30	1