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

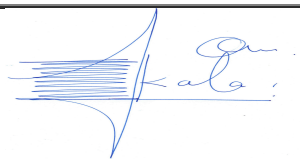
Date: 14-Sep-2024
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-5959508-5
Card Holder's Name: RAHUL SINGH SINOD KUMAR SINGH Age: 24Y - 11M - 9D Sex: Male
Card Holder's Tel No: Mobile No: 0589976368
Ins Card No: I019-010-118433320-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Indian

Clinical Details: Temp 36.9 B.P. 119 Pulse. 106
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follov
Diagnosis: M25.511 - Pain in right shoulder, R52 - Pain, unspecified, E55.9 - Vitamin D deficiency, unspecified

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

9, Consultation Gp , General Consultation

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 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, medica 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	Quant
(DICLOFENAC SODIUM : 1%) GEL	GEL (30G, TUBE)	15	1
(ETORICOXIB : 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (7S, BLISTER PACK)	7	7
(CHOLECALCIFEROL : 10000 IU) SOFT GELATIN CAPSULES	SOFT GELATIN CAPSULES (30S, HDPE BOTTLE)	30	1