

ANNEXURE V

1 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

13D

Date:	15	-Sei	ე-2	024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1987-3703546-3

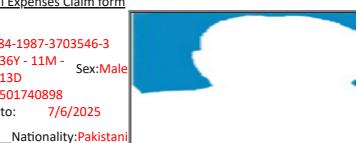
Age: 36Y - 11M -Card Holder's MUHAMMAD SULEMAN MUHAMMAD Sex:Male

Name: **ANWAR**

Card Holder's Tel No: 0501740898 Mobile No:

7/6/2025 1019-010-117284771-01 Valid Upto: Ins Card No: **FMC Standard Employee** Company

Name: Network No:



Clinical Details: Temp36.4 B.P.110 Pulse. 54

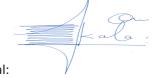
Signs & Symptoms: risk of fall

Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follov

Diagnosis: M54.5 - Low back pain, M46.1 - Sacroiliitis, not elsewhere classified

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

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, Pharmacy,0005-149902-1021, CLOFEN, Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM, Co.Pay,9, Consultation Gp, General Consultation



Dr. Enomen Good **General Practit** DHA No: 280408 CITICARE MEDICAL (DUBAI - U.A

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 15-Sep-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	30
(DICLOFENAC SODIUM : 100 MG) COATED TABLETS	COATED TABLETS (30S, BLISTER PACK)	5	10
(DICLOFENAC SODIUM : 140 MG) PATCHES	PATCHES (5S, BOX)	5	20