



# ANNEXURE V

# F M C NETWORK UAE

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## Medical Expenses Claim form

Date: 18-Sep-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-9316020-6  
Card Holder's Name: SOHAIL AHMED QAMAR ZAMAN Age: 30Y - 6M - 3D Sex: Male  
Card Holder's Tel No: Mobile No: 0581478524  
Ins Card No: I019-010-115341155-01 Valid Upto: 7/6/2025  
Company: FMC Standard Employee No: Nationality: Pakistani  
Name: Network



Clinical Details: Temp 36.3 B.P. 112 Pulse: 76  
Signs & Symptoms: RISK FOR FALL  
Date of Onset Illness :  ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit  
Diagnosis: M54.5 - Low back pain, M25.512 - Pain in left shoulder, M62.830 - Muscle spasm of back

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/PROPH/DIAG INJ  
SC/IM , Co.Pay, 9, Consultation Gp , General Consultation

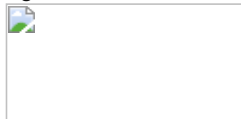
Doctor's Name: AHSAN HUSSAIN signature with seal:  

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 any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 18-Sep-2024



Pharmaceuticals (to be filled by treating doctor only)

| Medicine                                                      | Dose                               | Duration | Quantity | Price  |
|---------------------------------------------------------------|------------------------------------|----------|----------|--------|
| (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS | FILM COATED TABLETS (12S, BLISTER) | 7        | 14       | 0.0000 |
| TOLPERISONE HCL                                               | Tablet                             | 7        | 14       | 0.0000 |
| (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL                   | GEL (50G, TUBE)                    | 7        | 1        | 0.0000 |