

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: 05-Oct-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-8707578-7

Card Holder's Name: Mohamed Ali Chouika Age: 25Y - 0M - 1D Sex: Male

Card Holder's Tel No: Mobile No: 0561818476
Ins Card No: 1019-010-118547042-01 Valid Upto: 7/6/2025

Company FMC Standard Employee

Name: Network No: Nationality:Moroccan



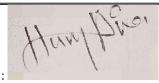
Clinical Details:	lemp36./	B.P.144	Pulse. 88
Signs & Symptoms: RISK OF FALL			
Date of Onset Illness :		○ Emergency ○ Work related	O New visit O Follow u

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

93000, ELECTROCARDIOGRAM COMPLETE , Co.Pay,9, Consultation Gp , General Consultation

Diagnosis: R07.9 - Chest pain, unspecified, M62.838 - Other muscle spasm, R52 - Pain, unspecified

Doctor's Name: Humaira signature with seal:



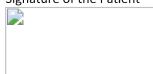
Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.

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 abore 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 cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 05-Oct-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Р
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	1	1	0