

ANNEXURE V

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:	08-	Oct-	2024
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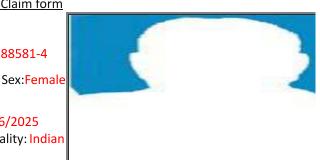
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-8788581-4

Card Holder's **EVA GURUNG PREM KUMAR** 26Y - 6M -Age:

Name: **GURUNG**

Card Holder's Tel No: Mobile No: 0523947671 Ins Card No: 1019-010-120092949-01 7/6/2025 Valid Upto:

Company Name: FMC Standard Network Employee No: ______ Nationality: Indian



Clinical Details:	Temp36.1	B.P.115	Pulse. <mark>96</mark>	
Signs & Symptoms: RISK OF	FALL			
Date of Onset Illness :		○ Emergency ○ Work related ○ New visit ○ Follow		
Diagnosis: N94.4 - Primary o	dysmenorrhea, R10.30 - Lov	ver abdominal pain, unspecified, K2	9.00 - Acute gastritis without bleeding	
Epigastric pain, R11.0 - Naus	sea			
Management plan (Service	os insido tho clinis includina	injections and investigations)		

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

0005-149902-1021, CLOFEN, Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM, Co.Pay,9, Consultation Gp, General Consultation

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

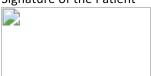
Doctor's Name: **Enomen Goodluck** signature with seal:

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 abo 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 con medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 08-Oct-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BLISTER PACK)	4	24
(HYOSCINE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	6

Medicine		Dose	Duration	Quantity
(PANTOPRAZOLE (AS SOE TABLETS	OIUM) : 40 MG) ENTERIC COATED	ENTERIC COATED TABLETS (15S, BLISTER)	7	14