

**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 formDate: **12-Oct-2024**Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-2001-3938332-5**Card Holder's Name: **BINOD THADARAI** Age: **23Y - 7M - 3D** Sex: **Male**Card Holder's Tel No: Mobile No: **0525411818**Ins Card No: **I019-010-119982751-01** Valid Upto: **7/6/2025**Company **FMC Standard** Employee _____ Nationality: **Nepalese**
 Name: **Network** No:

Clinical Details: Temp **36.9** B.P. **104** Pulse. **86**
 Signs & Symptoms: **RISK FOR FALL**
 Date of Onset Illness : _____ ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up
 Diagnosis: **M54.5 - Low back pain, M62.830 - Muscle spasm of back**

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

**2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy
 INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Consultation Gp , General Consultation**

Doctor's Name: **AHSAN HUSSAIN**

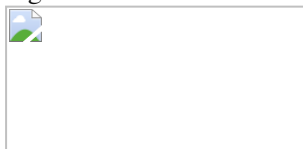
signature with seal:

Dr. Ahsan Hussain
 General Practitioner
 DHA No: 8754365
CITICARE MEDICAL CENTER
 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 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, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date **12-Oct-2024**Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	7	14
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	7	14

