

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: 14-Oct-20	24
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Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1999-8707578-7 Card Holder's Name: Mohamed Ali Chouika Age: 25Y - 0M - 10D Sex: Male

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

Company **FMC Standard Employee**

Nationality: Moroccan Name: Network No:



Clinical Details:	Temp <mark>36.7</mark>	B.P.144	Pulse. <mark>88</mark>
Signs & Symptoms: RISK OF	FALL		
Date of Onset Illness:		○ Emergency ○ Work	related O New visit O Follow
Diagnosis: M62.838 - Other	muscle spasm, R07.9 - Chest	pain, unspecified	

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

9, Consultation Gp , General Consultation



Dr. Ahsan Hus **General Practitio** DHA No: 8754365 **CITICARE MEDICAL CE** DUBAI - U.A.

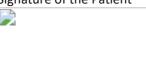
Doctor's Name: AHSAN HUSSAIN signature with seal:

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 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 14-Oct-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)	5	10
(DICLOFENAC SODIUM : 100 MG) COATED TABLETS	COATED TABLETS (30S, BLISTER PACK)	7	14
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	1	1