

**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: **18-Oct-2024**Clinic Name: **CITICARE MEDICAL CENTER LLC** Emirates: **784-1990-0646098-6**Card Holder's Name: **ZAHID ALI NOOR AHMED** Age: **34Y - 2M - 1D** Sex: **Male**Card Holder's Tel No: Mobile No: **0506966259**Ins Card No: **I019-010-119760969-01** Valid Upto: **7/6/2025**Company Name: **FMC Standard Network** Employee No: Nationality: **Pakistani**

Clinical Details: Temp **36.9** B.P. **116** Pulse. **64**
Signs & Symptoms: **RISK FOR FALL**
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up
Diagnosis: **M62.830 - Muscle spasm of back, R52 - Pain, unspecified**

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
SC/IM , Co.Pay,9, Consultation Gp , General Consultation**

Doctor's Name: **Humaira**

signature with seal:

Dr. Humaira M
General Practiti
DHA No: 541555
CITICARE MEDICAL C
DUBAI - U.A.

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 medical services and copies of all medical and Clinic records.

Signature of the Patient

Date **18-Oct-2024**

Pharmaceuticals (to be filled by treating doctor only)

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

Medicine	Dose	Duration	Quantity
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	10
(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	5	10