

## 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

Sex:Male

Medical Expenses Claim form

0543953529

Date: 28-Oct-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-5150491-6

Card Holder's ALI KHAN SAR BULAND

Name: **KHAN** 

Card Holder's Tel No: Mobile No:

I019-010-119489091-01 Ins Card No:

Company **FMC Standard** Employee

Name: No: Network



Clinical Details:

Temp35.2

B.P.100

7/6/2025

Pulse, 74

Signs & Symptoms: risk for fall

Date of Onset Illness:

© Emergency © Work related © New visit © Follo

Diagnosis: M62.838 - Other muscle spasm, R22.43 - Localized swelling, mass and lump, lower limb, bilateral, R52 - Pain, uns

Valid Upto:

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/DIAG INJ SC/IM, Co.Pay, 9, Consultation Gp, General Consultation

Doctor's Name: Humaira

signature with seal:

**General Practi** DHA No: 54155 CITICARE MEDICAL

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 a 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 28-Oct-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quan
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	10
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	1	1
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	10