

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 form

Date: 18-Nov-2	024				
Clinic Name: (
Card Holder's	NISHANTHI PUSHF	PA KUMARI	Age: 42Y - 10N	1 - Sex:Female	
Name:	WELLAGE		17D	Sex.Female	
Card Holder's Tel No:		Mobile No: 0557160220			
Ins Card No:	1005-010-11622302	4-01	Valid Upto:	30/9/2025	
Company	FMC Standard	Employee	Nationality: Nationality: Lankan		
Name:	Network	No:	IVALIO	Lankan	

Pulse. <mark>86</mark>

Clinical Details: B.P.140 Temp36.9 Signs & Symptoms: risk of fall Date of Onset Illness: ○ Emergency ○ Work related ○ New visit ○ Follow Diagnosis: M62.838 - Other muscle spasm, 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/PROPF SC/IM, Co.Pay,9, Consultation Gp, General Consultation

Dr. Humaira M General Practiti CITICARE MEDICAL C

Doctor's Name: Humaira signature with seal:

Diagnostic Procedures referred outside:

l 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 18-Nov-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quanti
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	10
(IBUPROFEN : 600 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	10

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Medicine		Dose	Duration	Quanti
	(DICLOFENAC SODIUM : 1% GEL	GEL (20G, COLLAPSIBLE TUBE	1	1

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