

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:	23-	NO۱	<i>I</i> -20	124

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-6782452-0 Card Holder's Name: Anjali Age: 28Y - 3M - 5D Sex: Female

Card Holder's Tel No: Mobile No: 0523272340
Ins Card No: I019-010-121356830-01 Valid Upto: 7/6/2025
Company Name: FMC Standard Network Employee No: Nationality: Indian



Clinical Details:	Temp36.4	B.P. 110	Pulse. <mark>76</mark>
Signs & Symptoms: RISK FO	OR FALL		
Date of Onset Illness:		\bigcirc Emergency \bigcirc Wo	rk related O New visit O Follow up
Diagnosis: SQ1 311A - Lace	ration without foreign body ri	ght foot init enentr P52 - Pain une	nacified

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

9, Consultation Gp, General Consultation

fala;

Dr. Enomen Goodluck I
General Practitioner
DHA No: 28040827-00
CITICARE MEDICAL CENTE
DUBAI - U.A.E.

Doctor's Name: Enomen Goodluck

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 abore mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or a person who has provided medical services to me to furnish any and all information with regard to any medical history, medical con medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 23-Nov-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20

Medicine	Dose	Duration	Quantity
(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER	5	15
(FUSIDIC ACID : 2%) OINTMENT	OINTMENT (15G, TUBE)	14	1