

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: 02-Dec-2024	Date:	02-	Dec-	202	4
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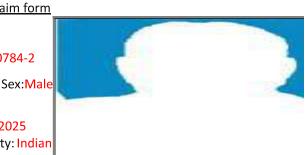
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-2320784-2

Card Holder's KUMAR SAURABH AJAY KUMAR 26Y - 4M -

Name: PANDEY

Card Holder's Tel No: Mobile No: 0529003447
Ins Card No: 1019-010-118490158-01 Valid Upto: 7/6/2025

Company Name: FMC Standard Network Employee No: ______Nationality: Indian



Clinical Details:	Temp <mark>36</mark>	B.P.120		Pulse. 86	
Signs & Symptoms: risk of fa	all				
Date of Onset Illness :		O Emergency	O Work related	O New visit	O Follow up
Diagnosis: M62 830 - Muscle	e 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/DI SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Humaira signature with seal:



Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.

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 cormedical services and copies of all medical and Clinic records.

Signature of the Patient

Date 02-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(IBUPROFEN: 600 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	10
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	10
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	1	1