

## ANNEXURE V 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

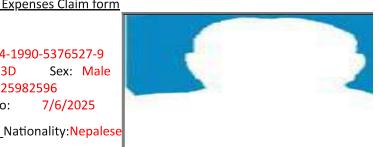
Date: 03-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1990-5376527-9 Card Holder's Name: Age: 34Y - 8M - 13D Tilak Gharti Sex: Male

Card Holder's Tel No: Mobile No: 0525982596 Ins Card No: 1019-010-112614596-01 Valid Upto: 7/6/2025

Company FMC Standard **Employee** 

Name: Network No:

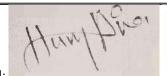


Clinical Details:	Temp <mark>36</mark>	B.P.120	Pulse. <mark>86</mark>
Signs & Symptoms: risk of fa	III		
Date of Onset Illness:		○ Emergency ○ Wor	k related O New visit O Follow up
Diagnosis: R51.9 - Headache	e, unspecified		

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:



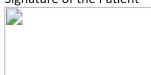
Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E

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 above 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 cor medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 03-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	3	6