



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: 09-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-0815414-0
 Card Holder's Name: TAJ UR RAHMAN Age: 41Y - 11M - 24D Sex: Male
 Card Holder's Tel No: Mobile No: 0559605660
 Ins Card No: I019-010-113204455-02 Valid Upto: 30/11/2025
 Company FMC Standard Employee
 Name: Network No: Nationality: Pakistani



Clinical Details: Temp 37.3 B.P. 130 Pulse. 78
 Signs & Symptoms: RISK FOR FALL
 Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up
 Diagnosis: M54.5 - Low back pain, M62.830 - Muscle spasm of back, R50.9 - Fever, unspecified, J20.9 - Acute bronchitis, unspecified

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

0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy, 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/IV SOLUTION FOR INFUSION , Pharmacy, 96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,9, Consultation Gp , G Consultation

Doctor's Name: AHSAN HUSSAIN

signature with seal:

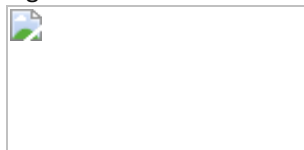
Dr. Ahsan Hussain
 General Practitioner
 DHA No: 87543658-001
 CITICARE MEDICAL CENTER
 DUBAI - U.A.E.

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 consultation, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 09-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	7	14
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	7	14
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	7	1

