

ANNEXURE V

M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email - approval@fmchealthcare.ae Helpline Number: 600-565691

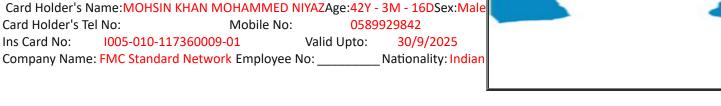
Medical Expenses Claim form

Date: 16-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-1024520-9

Card Holder's Name: MOHSIN KHAN MOHAMMED NIYAZAge: 42Y - 3M - 16DSex: Male

Card Holder's Tel No: Ins Card No: 1005-010-117360009-01 Valid Upto: 30/9/2025



Clinical Details:	Temp <mark>36.8</mark>	B.P.126	Pulse. 76
Signs & Symptoms: RISK FOR	FALL		
Date of Onset Illness:		○ Emergency ○ Wo	ork related O New visit O Follow up
Diagnosis: H02 10 Otorrhoa	unspecified our REO O For	or unenocified P52 Pain unenoc	ified K20 00 Acute gestriffs without

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

96365, IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR , Co.Pay,0148-116601-1001, (METRONIDAZOLE : 500 MG/100ML) SC FOR INFUSION, Pharmacy,0005-149902-1021, CLOFEN-(DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION, Pharma THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation,96375, TX/PRO/DX INJ NEW DRUG ADDON , Co.P

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

Doctor's Name: Humaira 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 abo 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 16-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CEFUROXIME(AS CEFUROXIME AXETIL) : 500 MG) TABLETS	TABLETS (15S, BLISTER PACK)	7	14
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7	14
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	12