

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: 16-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1990-8183216-6
Card Holder's Name: MUNEEB SIKANDER Age: 34Y - 8M - 2D Sex: Male

Card Holder's Tel No: Mobile No: 0567078174
Ins Card No: 1019-010-115086939-01 Valid Upto: 14/5/2025

Company FMC Standard Employee

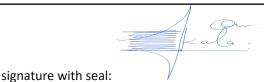
Name: Network No:



Clinical Details:	Temp <mark>36</mark>	B.P.131	Pulse. <mark>86</mark>
Signs & Symptoms: risk of fa	II .		
Date of Onset Illness:		\bigcirc Emergency \bigcirc Work re	elated O New visit O Follow up
Diagnosis: M43.6 - Torticollis	s. R52 - Pain, unspecified, E	55.9 - Vitamin D deficiency, unspecified, E	E78.2 - Mixed hyperlipidemia

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

96372, THER/PROPH/DIAG INJ SC/IM, Co.Pay,85025, COMPLETE CBC W/AUTO DIFF WBC, Lab,9, Consultation Gp, General Consultation,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION, Pharmacy



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

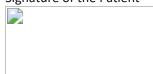
Diagnostic Procedures referred outside:

Doctor's Name: Enomen Goodluck

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 16-Dec-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	10	1
(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	10
(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	30