

**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: 26-Dec-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1986-0719742-7

Card Holder's Name: SAROJ BHATTARAI RAM PRASAD BHATTARAI Age: 38Y - 3M - 27D Sex: Male

Card Holder's Tel No: Mobile No: 528857640

Ins Card No: I005-010-118146589-01 Valid Upto: 30/9/2025

Company Name: FMC Standard Network Employee No: Nationality: Nepalese



Clinical Details: Temp 36.8 B.P. 130 Pulse. 78

Signs & Symptoms: RISK FOR FALL

Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up

Diagnosis: G43.009 - Migraine w/o aura, not intractable, w/o status migrainosus

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

9, Consultation Gp , General Consultation

Doctor's Name: Humaira

signature with seal:

Dr. Humaira Mumta
 General Practitioner
 DHA No: 54155530-00
 CITICARE MEDICAL CENTRE
 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 condition, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 26-Dec-2024

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Pr
(NAPROXEN : 250 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	6	0.

