

## M C NETWORK UAE

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

	<u>Med</u>	lical Expenses Cla	aim form		
Date: 21-Jan-2025 Clinic Name: CITICARE MEDICAL CENT Card Holder's CHIRATH KASUN KUN Name: ARACHCHIGE Card Holder's Tel No: Ins Card No: I005-010-120763031 Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY	MARASINGHA  Mobile No:	0557514955	Sex:Male		7
1	1p <mark>36</mark>	B.P.138	8	Pulse. 8	9
Signs & Symptoms: RISK OF FALL  Date of Onset Illness:		O 5	nergency O Work	valated ONe	iait O Fallannum
Diagnosis: L08.9 - Local infection of the unspecified	e skin and subcutaned		• ,		•
Management plan (Services inside th	e clinic including inje	ctions and invest	igations)		
9, Consultation Gp , General Consultati And 48 Sq Inches / 300 Sq Centimeters	ion,51.02, Non-Surgic	al Cleansing Wit		Between 16 Sq Ir	ches / 100 Sq Ce
Doctor's Name: Humaira		signature with		The.	Dr. Humaira Mumta General Practitioner DHA No: 54155530-00 CITICARE MEDICAL CENTE DUBAI - U.A.E.
Diagnostic Procedures referred outside	2:				
I hereby authorize the physician, Hospi	•			•	
mentioned examination/Investigation/toperson who has provided medical servi			-		•
medical services and copies of all medic			nation with regald	to any medical III.	story, medicar co
Signature of the P					

Date 21-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	7
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	6	12