



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: 07-Feb-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1994-6247690-6
Card Holder's Name: NARIJSE BOULAOUANE Age: 30Y - 2M - 19D Sex: Female
Card Holder's Tel No: Mobile No: 0568994275
Ins Card No: I019-010-118580729-01 Valid Upto: 7/6/2025
Company: FMC Standard Employee No: Nationality: Moroccan
Name: Network



Clinical Details: Temp 36.6 B.P. 100 Pulse: 78
Signs & Symptoms: RISK OF FALL
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit
Diagnosis: R51.9 - Headache, unspecified, G43.009 - Migraine w/o aura, not intractable, w/o status migrainosus

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

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

Doctor's Name: Humaira

signature with seal:

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
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 any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 07-Feb-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	10	0.0000