



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-Feb-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-5493627-0

Card Holder's Name: AASHIS BK Age: 29Y - 7M - 24D Sex: Male

Card Holder's Tel No: Mobile No: 0527088293

Ins Card No: I005-010-116125805-01 Valid Upto: 30/9/2025

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



Clinical Details: Temp 37 B.P. 140 Pulse: 102

Signs & Symptoms: risk for fall

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

Diagnosis: R52 - Pain, unspecified, M54.5 - Low back pain

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

0005-149902-1022, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy, 96372, THER/PROPH/DIAG IN Co. Pay, 9, Consultation Gp , General Consultation

Doctor's Name: DR Amaizah

signature with seal:

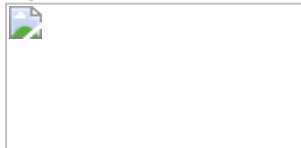
Dr. Amaizah I
General Practitioner
DHA: 98486553
CITICARE MEDICAL
DUBAI - U.A.E

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 26-Feb-2025



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	3	3
(CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS	TABLETS (30S, BOX)	30	30
(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	2	2

