

**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: 784-2000-1826890-2

Card Holder's Name: PRAJWAL RAI Age: 24Y - 11M - 16D Sex: Male

Card Holder's Tel No: Mobile No: 0504726476

Ins Card No: I005-010-122023290-01 Valid Upto: 30/9/2025

Company FMC Standard

Employee

Name: Network

No:

Nationality: Nepalese



Clinical Details: Temp 36

B.P. 118

Pulse: 86

Signs & Symptoms: RISK OF FALL

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit

Diagnosis: M79.672 - Pain in left foot

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

0005-149902-1021, CLOFEN , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , Co. Pay, 9, Consultation Gp , General Consultation

Doctor's Name: Enomen Goodluck

signature with seal:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
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 26-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	15	0.5500
(DICLOFENAC SODIUM : 50 MG TABLETS	TABLETS (20S, BLISTER PACK	5	10	1.1500
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G GEL	GEL (50G, TUBE	5	1	0.0000