



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: 11-Apr-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1995-4024290-8

Card Holder's Name: JIBON CHOWDHURY TIPU KANTI Age: 30Y - 0M - 4D Sex: Male

Card Holder's Tel No: Mobile No: 0526656433

Ins Card No: I019-010-120786663-01 Valid Upto: 7/6/2025

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



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

Signs & Symptoms: risk of fall

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

Diagnosis: M54.5 - Low back pain, M62.830 - Muscle spasm of back, R50.9 - Fever, unspecified, M79.10 - Myalgia, unspecified

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

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION , Pharmacy, 0005-1499C
CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION , Pharmacy, 96372, THER/PROPH/DIAG INJ SC/IM , C
THER/PROPH/DIAG INJ IV PUSH , Co.Pay, 9, Consultation Gp , General Consultation

Doctor's Name: AISHA

signature with seal:

Dr. Aisha U
Physician- General P
DHA- 40131439
CITICARE MEDICA
DUBAI - U.A

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 11-Apr-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantit
(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	10
(CELECOXIB : 200 MG) CAPSULES	CAPSULES (20S, BLISTER)	5	10
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	7	14