

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

			IVICAICAL EXPENSES CIAITITION	<u>.</u>	
Card Holder' Card Holder's Ins Card No: Company	CITICARE MEDICA 's Name:	BIJOY SHIL Age: Mobile No: 0176732-02	mirates: 784-2004-4832169-3 20Y - 5M - 9D Sex: Male 0522460620 Valid Upto: 25/9/2025 Nationality:Bangladesh	ni	
Clinical Details: Temp37		B.P. 116	Pul	Pulse. 65	
Signs & Sym	ptoms: risk of fall				
Date of Onse	et Illness :		○ Emergency	/ ○ Work related ○ N	ew visit O Follow up visit
Diagnosis: Se	61.011A - Laceratio	on w/o fb of right thu	mb w/o damage to nail, init, R52	! - Pain, unspecified	
Manageme	ent plan (Services i	nside the clinic includ	ling injections and investigations)	
9, Consultati	on Gp , General Co	onsultation,0005-149	902-1021, CLOFEN , Pharmacy,90	6372, THER/PROPH/DIA	G INJ SC/IM , Co.Pay,12001,
1.1	GEN/TRNK 2.5CM	•			
, , , , , , , , , , , ,	,	,			
Doctor's Na	ıme: Dr.Farhan Iyas	S	signature with seal:	CordionflaceEu	Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E
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Diagnostic P	rocedures referred	outside:			
12.00.00000		0 4 10 14 0 1			

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 27-Apr-2025



Filarmaceuticals (to be filled by treating doctor only)								
Medicine	Dose	Duration	Quantity	Price				
(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	10	0.0000				
(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	5	10	0.0000				
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000				