

## 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: 23-Jun-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-2000-6657774-1

Card Holder's Name: MOHAMED SHIZAN KAREEM Age: 25Y - 0M - 14D Sex: Male

Card Holder's Tel No: Mobile No: 0561783451
Ins Card No: I019-010-118887590-02 Valid Upto: 7/6/2026
Company FMC Standard Employee
Name: Network No: Nationality: Lankan



Clinical Details:	Temp <mark>36.7</mark>	B.P.100	Pulse. <mark>76</mark>			
Signs & Symptoms: risk of fa	all					
Date of Onset Illness :		○ Emergency ○ Work related ○ New visit ○ Follow up visit				
Diagnosis: M62.838 - Other	muscle spasm, R52 - Pain	, unspecified, M54.2 - Cervicalgia				
Management plan (Service	es inside the clinic includir	ng injections and investigations)				
9, Consultation Gp , General	l Consultation					
				_		
			Dr. Aisha Umer			
			Physician- General Practitioner DHA- 40131439-002			
			CITICARE MEDICAL CENTER			
Doctor's Name: AISHA		signature with seal:	DUBAI - U.A.E			
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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 23-Jun-2025

Pharmaceuticals (to be filled by treating doctor only)

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Medicine	Dose	Duration	Quantity	Price					
(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	10	1.1300					
(ETORICOXIB : 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (7S, BLISTER)	5	5	0.0000					
(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	5	10	0.0000					
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	5	10	0.0000					