

## 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

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Date:	ZD	Jun-2	UZS

Emirates: 784-1993-9626818-9 Clinic Name: CITICARE MEDICAL CENTER LLC

Card Holder's

TUSHAR TUCARAM CHAWAN TUCARAM Age: 31Y - 7M - CHAWAN Sex:Male Name:

Card Holder's Tel No: Mobile No: 0523894803 1005-010-114604753-01 Valid Upto: 30/9/2025 Ins Card No: Company Name: FMC Standard Network Employee No: \_\_\_\_\_\_Nationality: Indian



Clinical Details:	Temp <mark>36.8</mark>	B.P.142	Pulse. <mark>62</mark>
Signs & Symptoms: Ris	c of FAII		
Date of Onset Illness :		○ Emergency ○ Wo	rk related O New visit O Follow up visit
Diagnosis: M54.2 - Cer	vicalgia, K12.2 - Cellulitis and abso	ess of mouth	
Diagnosis: M54.2 - Cer	vicalgia, K12.2 - Cellulitis and abso	cess of mouth	

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

0005-149902-1021, CLOFEN, Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM, Co.Pay,85027, COMPLETE CBC AUTOMATED, Lab,9,

Consultation Gp , General Consultation

Parlian Pereire

Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER **DUBAI U.A.E** 

Doctor's Name: Dr.Farhan Iyas signature with seal:

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 abovementioned 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-Jun-2025



## Pharmaceuticals (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
(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	15	0.0000