

## **C NETWORK UAE**

P. O. BOX: 50430, DUBAI, Tel - 04 3871900, Fax - 04 3977842  ${\bf Email-\underline{approval@fmchealthcare.ae}\ \ Helpline\ Number:\ 600-565691}$ 

Medical Expenses Claim form

0562655679

5/5/2026

Valid Upto:

	l-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1993-3610497-3 Card Holder's Name: YASIN MUHAMMAD ARSHAD Age: 32Y - 6M - 22D Sex: Male

Card Holder's Tel No: Mobile No:

1019-010-118067011-01 Ins Card No: Company FMC Standard Employee Name: Network No:

\_Nationality:Pakistani

Clinical Details: Temp36 B.P.129 Pulse. 80 Signs & Symptoms: RISK OF FALL Date of Onset Illness : ○ Emergency ○ Work related ○ New visit ○ Follow up visit Diagnosis: R25.2 - Cramp and spasm, M79.662 - Pain in left lower leg

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, Consulta	ation Gp , General Consultation
		Dr .Frahan Ilyas Malik Physician-General Practitioner
	Powleans	DHA-06441782-001
		CITICARE MEDICAL CENTER DUBAL U.A.E
Doctor's Name: Dr.Farhan Iyas	signature with seal:	DODAI O.A.E

Diagnostic Procedures referred o	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-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	10	0.0000
(NAPROXEN: 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	10	0.0000
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	5	1	0.0000