



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: 29-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC

Emirates: 784-1993-3610497-3

Card Holder's Name: YASIN MUHAMMAD ARSHAD Age: 32Y - 6M - 28D Sex: Male

Card Holder's Tel No:

Mobile No: 0562655679

Ins Card No: I019-010-118067011-01

Valid Upto: 5/5/2026

Company FMC Standard

Employee

Name: Network

No:

Nationality: Pakistani



Clinical Details:

Temp 36

B.P. 110

Pulse. 80

Signs & Symptoms: RISK OF FALL

Date of Onset Illness :

☐ Emergency ☐ Work related ☐ New visit ☐ Follow

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, 9.01, Free Follow-Up Consultation Gp , Consultation

Doctor's Name: Dr. Farhan Ilyas

signature with seal:

Dr. Farhan Ilyas
Physician-General F
DHA-0644178
CITICARE MEDICAL
DUBAI U.A.E

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 29-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	10	20
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	10	20