

ANNEXURE V **FMCNETWORKUAE**

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

Date: 30-Ju	l-2025	
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Clinical Details:	Temp37					
		B.P.140	Dulce	se. 82		
Signs & Symptoms: RISK OF FALI	- P	B.F.140	ruise	Pulse. 82		
Date of Onset Illness :	_	○ Emergency ○	Work related ONe	New visit O Follow up visit		
Diagnosis: M79.675 - Pain in left	t toe(s), R52 - Pain, un	specified, L03.032 - Cellulitis of left				
Management plan (Services in	side the clinic includir	ng injections and investigations)				
		5-149902-1021, CLOFEN -(DICLOFEN HASONE SODIUM PHOSPHATE , Pha				
Co.Pay,9, Consultation Gp , Gen	eral Consultation					
		signature with seal:	Lejla.	Dr. Aisha Umer Physician- General Practitioner DHA- 40131439-002 CITICARE MEDICAL CENTER DUBAI - U.A.E		
Doctor's Name: AISHA						

hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the above-
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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 30-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(DICLOFENAC SODIUM (AS DIETHYLAMINE): 10 MG/G) GEL	GEL (75G, DISPENSER)	5	5	0.0000
(ETORICOXIB: 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (7S, BLISTER)	5	10	0.0000
(SODIUM AESCINATE : 20 MG) TABLETS	TABLETS (40S, BOX)	5	10	0.6400