

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

e: 30-Jul-2025							
nic Name:	CITICARE MEDICAL CENTER LLC	Emirates:	784-2000				

Clin



Clinical Details:	Temp36.6	B.P.130	Pulse. 78
igns & Symptoms: RISK FOR F	ALL		
ate of Onset Illness :		○ Emergency ○ V	Vork related ○ New visit ○ Follow up visit
iagnosis: R25.2 - Cramp and	spasm, R10.84 - Generaliz	zed abdominal pain	·
Management plan (Services	inside the clinic including	injections and investigations)	
005-136504-1021, SCOPINAL	. Pharmacy.96372, THER	/PROPH/DIAG INJ SC/IM . Co.Pav.9	Consultation Gp , General Consultation
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		
			Dr .Frahan Ilyas Malik
		C.	Physician-General Practitioner DHA-06441782-001
Doctor's Name: Dr.Farhan Iya	oc.	signature with seal:	Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E

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 30-Jul-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(HYOSCINE : 10 MG) TABLETS	TABLETS (500S, BLISTER PACK)	5	10	0.1300
(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5	10	0.0000