

## ANNEXURE V

## M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842 Email - approval@fmchealthcare.ae Helpline Number: 600-565

Medical Expenses Claim form

Date: 30-Jul-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1996-3690952-7 Card Holder's Name: SOMEN PAUL Age: 29Y - 5M - 23D Sex: Male

Card Holder's Tel No: Mobile No: 0582312762 Ins Card No: 1019-010-120922157-02 Valid Upto: 7/6/2026

Company Name: FMC Standard Network Employee No: \_\_\_\_\_\_ Nationality: Indian



Clinical Details:	Temp <mark>36</mark>	B.P. <mark>120</mark>	Pulse. 90
Signs & Symptoms: risk for	fall		
Date of Onset Illness:		○ Emergency ○ Wor	k related O New visit
Diagnosis: M54.5 - Low bac	k pain, R52 - Pain, unspe	cified, M79.18 - Myalgia, other site, R25.2	2 - Cramp and spasm

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, Consultation Gp, General C

Parliam Parlice

Physicia CITICAF D

Doctor's Name: Dr.Farhan Iyas

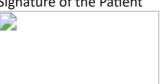
signature with seal:

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 mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, F person who has provided medical services to me to furnish any and all information with regard to any medical histor 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	Duratio
(!	NAPROXEN : 500 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5
(!	DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5

Medicine	Dose	Duratio
(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (50G, TUBE)	5