

**ORCHID MEDICAL CENTER**

**SPECIAL PACKAGE TREATMENT FOLLOW UP FORM**

**PATIENT NAME:** *SHEREEN GHAYON*

**FILE #:** *7000090*

**NAME OF PACKAGE:** *LHR UNDERARM + BIKINI X 5 SESSIONS*

**FILE DATE:** *13 MAY 2018*

NO: SESSION	DATE	TREATMENT NAME	SIGNATURE OF DOCTOR/TECHNICIAN
1	DATE: <i>13 MAY 2018</i>	<i>LHR UNDERARM + BIKINI (FULL)</i>	<i>[Signature]</i>
2	DATE: <i>08 JUNE 2018</i>	<i>LHR UNDERARM + BIKINI (FULL)</i>	<i>[Signature]</i>
3	DATE: <i>31 JULY 2018</i>	<i>LHR UNDERARM + BIKINI (FULL)</i>	<i>[Signature]</i>
4	DATE: <i>24/9/18</i>	<i>LHR UNDERARM + BIKINI (FULL)</i>	<i>[Signature]</i>
5	DATE: <i>21/10/18</i>	<i>LHR UNDERARM + BIKINI (FULL)</i>	<i>[Signature]</i>
6	DATE:		
7	DATE:		
8	DATE:		
9	DATE:		
10	DATE:		
11	DATE:		

**TOTAL NO: OF SESSIONS:** *5*

**TREATMENT START DATE:** *13 MAY 2018*

**TREATMENT END DATE:**

File No#: 100090

Date: 17/12/17

اسم المريض:

Patient Name: SHEREEN GHIFON

Date of Birth (تاريخ الميلاد): 20/11/1973

Gender (الجنس): M /  F

Nationality (الجنسية): Syrian

Occupation (الوظيفة): -

Marital Status (الحالة الاجتماعية): Married

Phone No. (رقم الهاتف): 055-6151057

Contact Person in Case of Emergency:

How Did You Know About Us?

### التاريخ الطبي للعلاج بالليزر

\*يرجى الاجابة على الأسئلة التالية بدقة:-

1- ما هو الوصف الأنسب لنوع بشرتك ؟

1 - دائمة الاحتراق , قليلة الاسمرار

2- دائمة الاحتراق , عديمة الاسمرار

3 - قليلة الاحتراق , دائمة الاسمرار

4- نادرة الاحتراق , دائمة الاسمرار

5- بشرة داكنة السمرة

2- هل ظهرت لديك سابقا علامات ندوب أو جدره ؟  نعم  لا

3- هل لديك اي تاريخ مرضي من الحلا البسيط (الهربس) أو بثور الحمى أو التقرحات في منطقة العلاج ؟  نعم  لا

4- هل تناولت عقار "الأكيوتان / الايسوترتينونين " خلال الست أشهر الماضية؟  لا  نعم

## إقرار للعلاج باستخدام جهاز Q-Switch Laser

أقر أنا \_\_\_\_\_ بتفويض طبيب الاختصاص أو أحد معاونيه لإجراء العلاج باستخدام جهاز ليزر ال Q-Switch

■ التفسير الكريونى باستخدام لوشن الكريونو يتبعه التفسير بالليزر هو احد الإستطبات لإعادة نضارة البشرة، وعلاج علامات التقدم بالسن، علاج التجاعيد، خطوط الوجه والشذوذ الصبغى (البقع الحمراء والبنية غير المرغوب بها والمرتبطة بالتقدم بالسن وحالات أخرى)، تحسين ملمس البشرة، علاج حب الشباب، احمرار الجلد، إزالة التصبغات (البقع الداكنة الناتجة عن حب الشباب)، الندوب التي تتع الحبوب، توسع مسامات الجلد، إزالة أو تخفيف الشعر الناعم بشكل مؤقت. بشكل عام ينصح 3-5 جلسات معظمهم فترة زمنية من 2-4 اسابيع وجلسات مراجعة كل 3-6 اشهر.

■ التفسير الناعم وإزالة التصبغات بالليزر يقوم الجهاز بالتفسير بدون استخدام لوشن الكريون، بينما التفسير الناعم هو إزالة التصبغات بالليزر بإضافة لوشن الكريون مما يستهدف الأصباغ الأكثر عمقا الشائعة في الكلف و زيادة التصبغات بعد الإنتهاب. ينصح ب6-12 جلسة بينهم 3-6 اشهر خصوصا في حالة الكلف.

. إزالة الوشم بالليزر.

. الأورام الصبغية.

. تشقير الشعر.

. إزالة فطريات الاضافر (الوضع A)

. بير إزالة الكلف (الوضع M)


مضادات الإستعمال للعلاج يتضمن:

. تناول عقار الأيسوترتينوين (الأكوتان) خلال ال6 اشهر الماضية.

. الحمل والرضاعة.

Patient Name: Sheren

FILE NO# 1000090

DATE	TREATMENT	PAYMENT	SIGNATURE
19/12/17	Carbon Peel	380	 Dr. Gofan Jovan Plastic Surgeon Specialist Medical License No: Y220 Orchid Medical Centre
17/1/18	LHR UPPER HIP & CHIN 16 J/cm <sup>2</sup> , BURST X 2 PASSES (SOFT LIGHT SIDEBURNS)	7350	
17/2/18	LHR UPPER HIP & CHIN 16 J/cm <sup>2</sup> , BURST X 2 PASSES SOFT LIGHT SIDEBURNS	350	
19/4/18	LHR UPPER HIP & CHIN 16 J/cm <sup>2</sup> , BURST X 2 PASSES BIKINI FULL 10 J/cm <sup>2</sup> , BURST X 2 PASSES SOFT LIGHT SIDEBURNS	350	
13/5/18	LHR UPPER HIP & CHIN 16 J/cm <sup>2</sup> , BURST X 2 PASSES BIKINI FULL 10 J/cm <sup>2</sup> , BURST X 2 PASSES SOFT LIGHT SIDEBURNS	350	
	LHR UNDERARM (FIRST SESSION)	1000	
	Package 5 session	5000	
	BIKINI 1500, underarm 500	1000	
18/6/18	LHR UNDERARM + BIKINI	1100	
21/6/18	LHR HAIR ARMS, FULL LEGS, LHR FACE + SOFT LIGHT 750	2100	
31/7/18	LHR UNDERARM + BIKINI (PACKAGE) LHR HAIR ARMS, FULL LEGS (SOFT LIGHT)	750	
	LHR FACE + SOFT LIGHT	350	
1/8/18	LHR FULL LEGS (HR DONE (AND YESTERDAY))	0	
24/9/18	LHR UNDERARM + BIKINI (PACKAGE) LHR HAIR ARMS + FULL LEGS, HAIR	300+450	
	LHR FACE + SOFT LIGHT	350	

20/10/18 Scolding & Polishing

21/10/18 LHR FACE + SOFT LIGHT 350

LHR UNDERARMS + BIKINI (PACKAGE)

LHR HAIR ARMS + FULL LEGS 300+450

LHR FULL BODY + SOFT LIGHT


WILLIE AREAS TO BE TREATED.

1000090

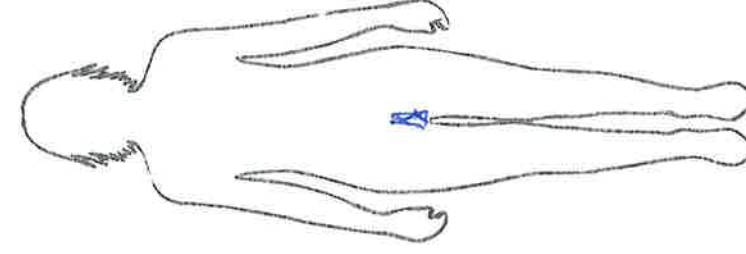
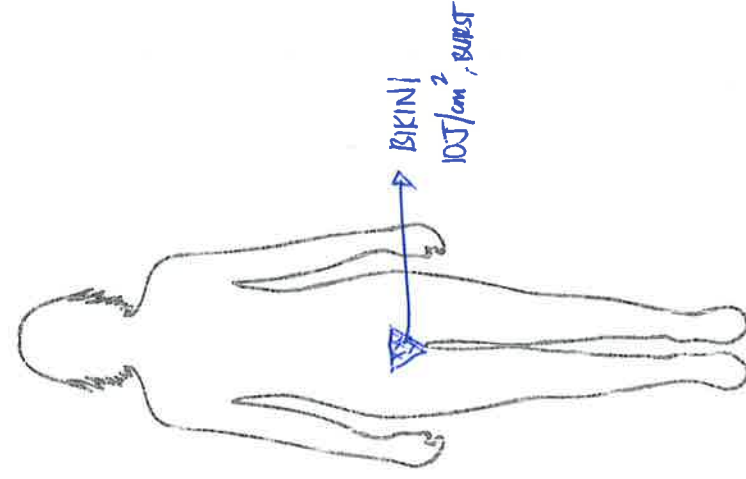
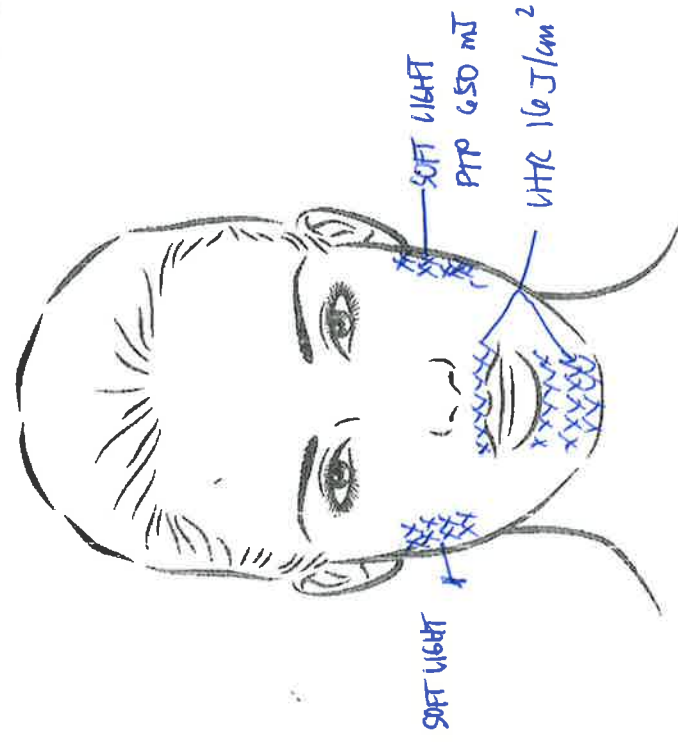
Other

SHEREEN

19/4/18

START TIME: 3:25 PM

END TIME: 4 PM



20/11/2019

Free Coupon For scalling & polishing Dr. Dalia

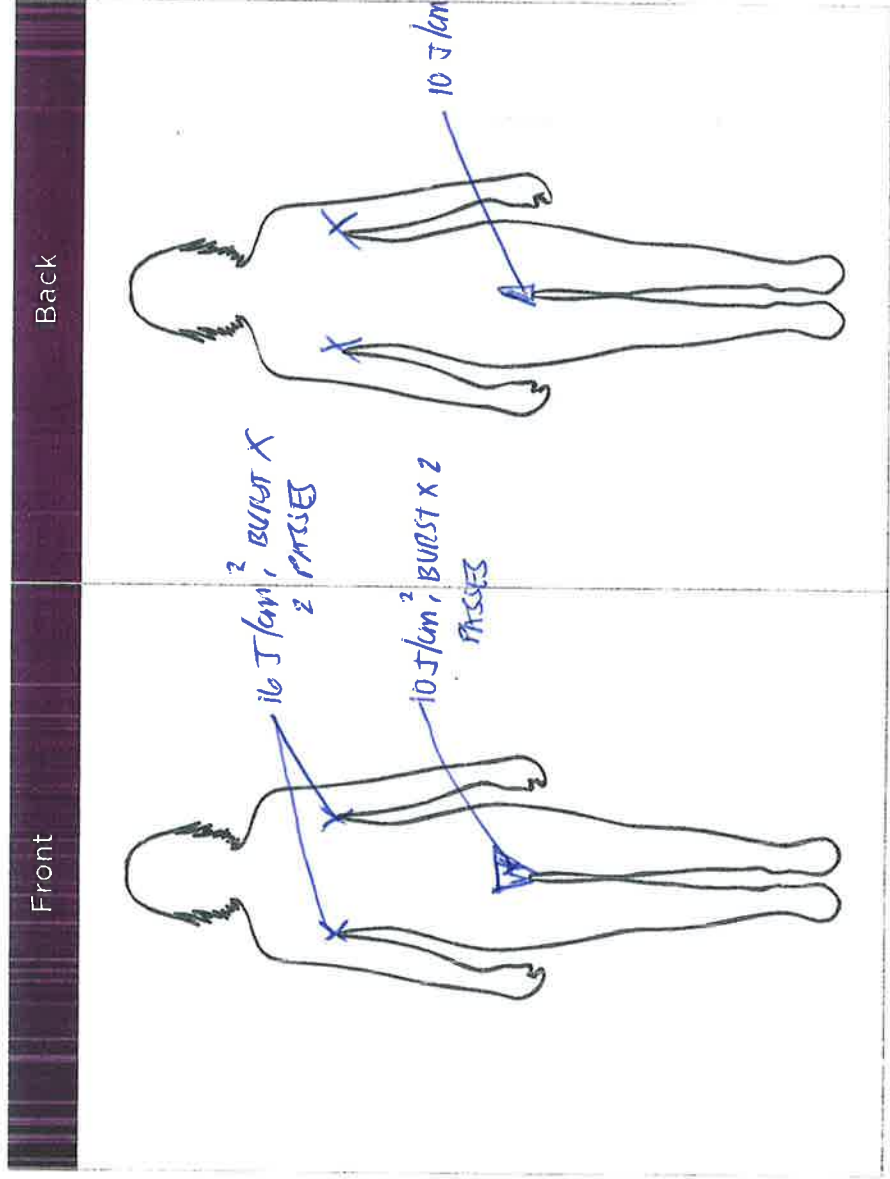
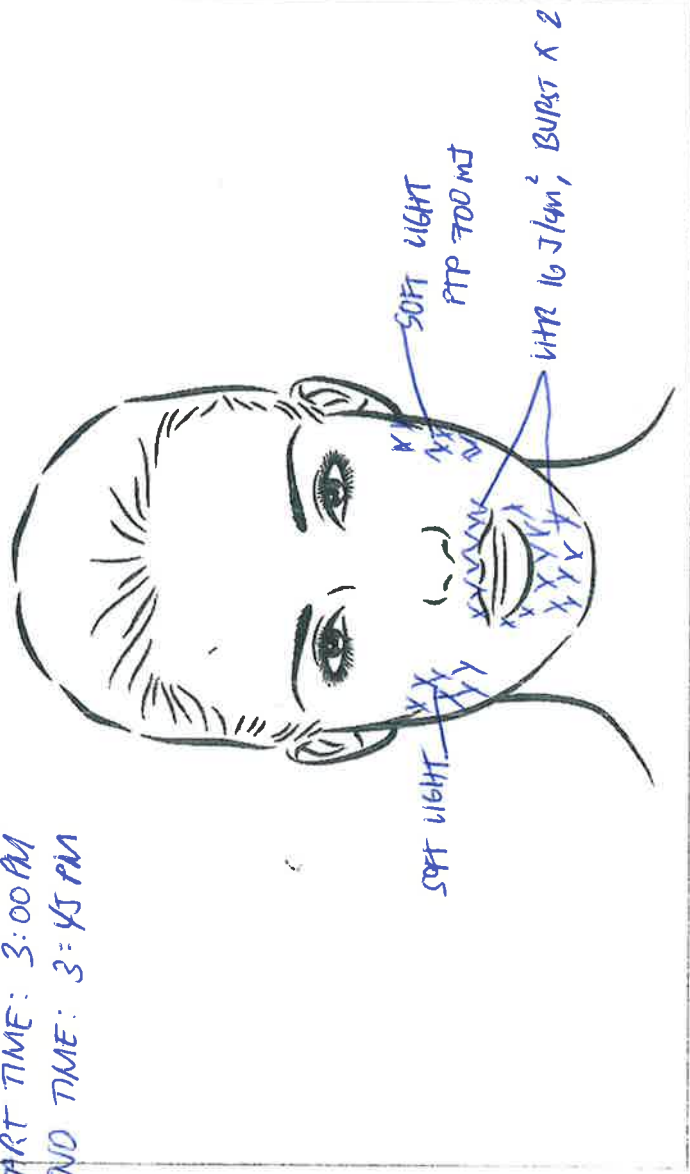


Circle areas to be treated:

Other  
SHEKEEN GHAYON

13 MAY 2018

START TIME: 3:00 AM  
END TIME: 3:45 PM



Circle areas to be treated:

Other

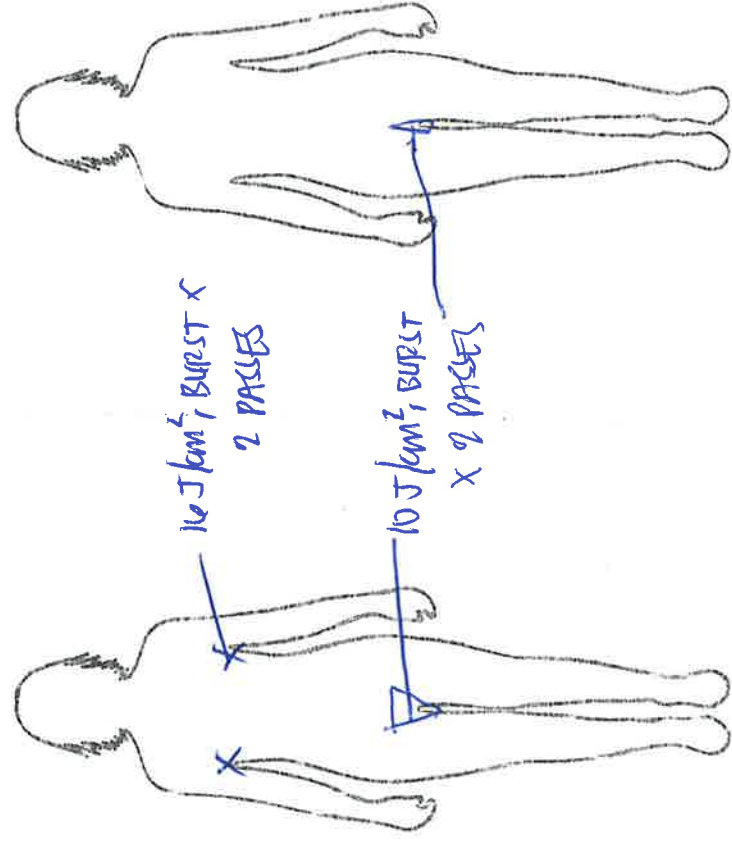
SHERREN GHTYON

R JUNE 2018



Front

Back

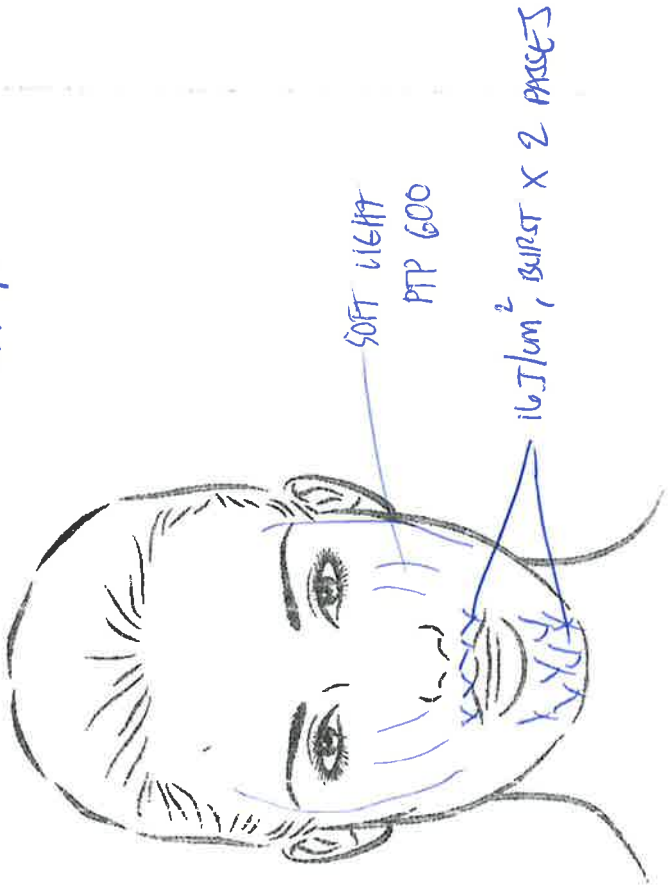


Circle areas to be treated:

Other

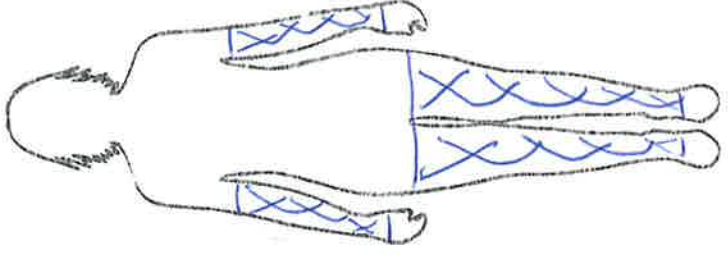
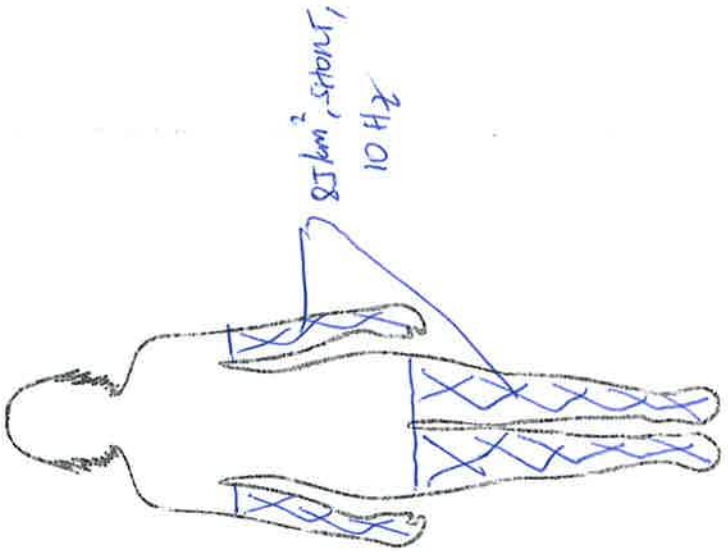
21/6/18

START: 10:30 AM  
END: 12:20 PM



Front

Back







مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 1,350.00	RECEIPT VOUCHER (No.REC-000641)	Date:13-05-2018
Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057		
The sum of Dhs. One Thousand Three Hundred Fifty Only		
By Cash 0.00 / By Credit Card 1,350.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 13-05-2018
Being		
Made by <b>Ghada KC</b>		

Tel : + 9716 555 8337, Fax: + 9716 528 8130, e - mail : info@omc1.ae  
www.omc1.ae



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

1,000.00

RECEIPT VOUCHER (No.REC-000789)

Date:21-06-2018

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. One Thousand Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 1,000.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank:                      Cheque No.

Date: 21-06-2018

Being **AGAINST INVOICE NO: 677**

Made by **Ghada**

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**www.omc1.ae**



مركز أوركيديد الطبي  
ORCHID MEDICAL CENTER

1,155.00

RECEIPT VOUCHER (No.REC-000790)

Date:21-06-2018

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. One Thousand One Hundred Fifty-Five Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 1,155.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

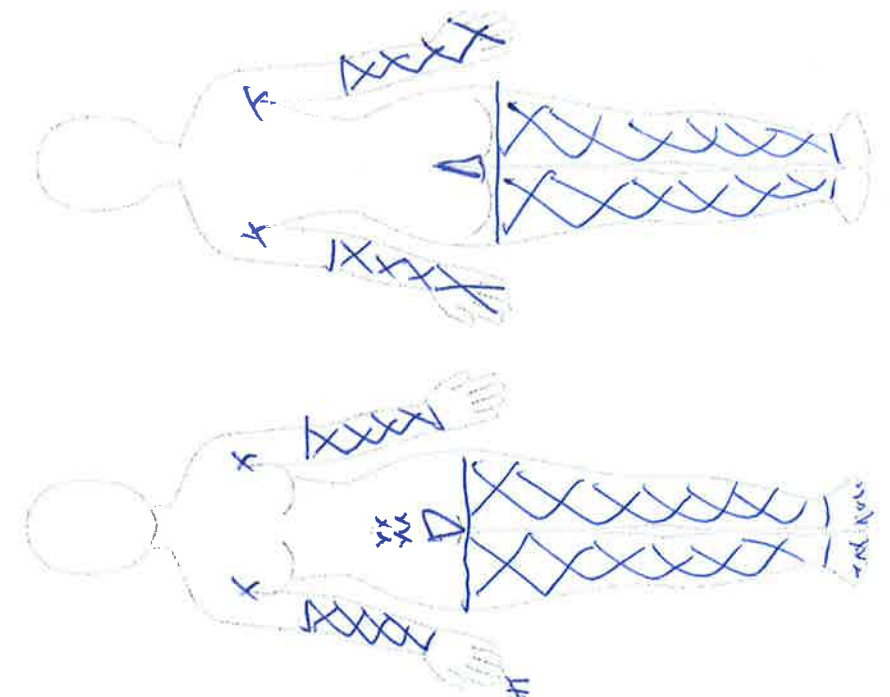
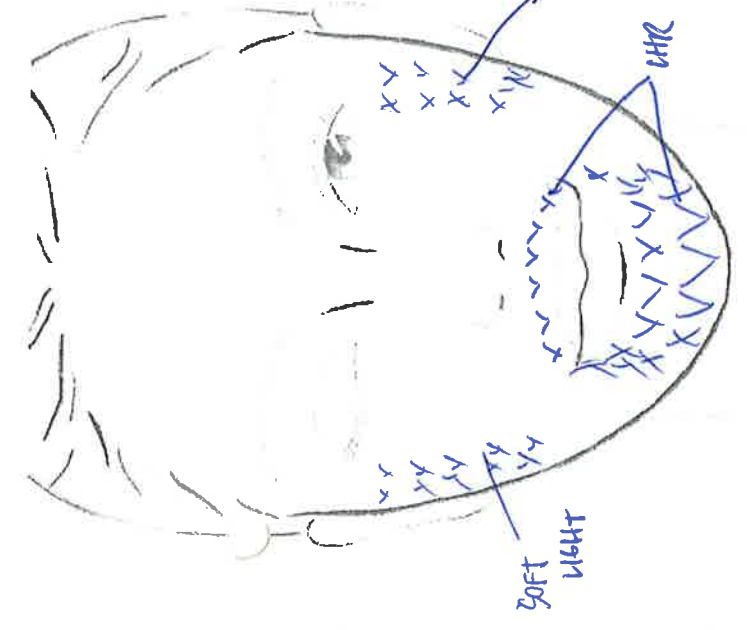
Date: 21-06-2018

Being

Made by Ghada

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[www.omc1.ae](http://www.omc1.ae)

Patient's Name: .....  
 File Number: .....  
 Pain Relief given? Yes / No .....  
 Evaluation and consent form completed? Yes / No .....  
 Pretreatment photography taken? Yes / No .....



Treatment Date	Treatment Area	Hair Type	Mode	Fluence	Pulse Type	CNT Pulse	Passes	Starting Time	Finish Time	Post Treatment
31/7/18	AS ABOVE	DARK, COARSE	DP1	16 J/cm <sup>2</sup>	PULST, SHORT	2	2-30 PM	3:30 PM		
1/8/18	FULL LEGS	DARK, COARSE	DP1	18 J/cm <sup>2</sup>	SHORT	1-2	11:15 AM	12:30 PM		
24/9/18	AS ABOVE	DARK, THIN	DP VELOX	14-24 J/cm <sup>2</sup>	THIN	1	12:30 PM	1:50 PM		
2/10/18	AS ABOVE	DARK, MEDIUM	DP1, FOP	24 J/cm <sup>2</sup> , 2 J/cm <sup>2</sup>	SHORT	2	3:30 AM	6 PM		
13/12/18	AS ABOVE	MEDIUM	AVEX	7 J/15	SHORT	1	3:21 PM	4:50 AM		
13/1/19	FULL BODY	THIN	AVEX	6-8 J/10-12 J	SHORT	1	3:30 PM	3:40 PM		

Therapist Name and Signature .....  
 Bessie Jovic





SHAAEEN

Patient's Name: .....:اسم المريض.....

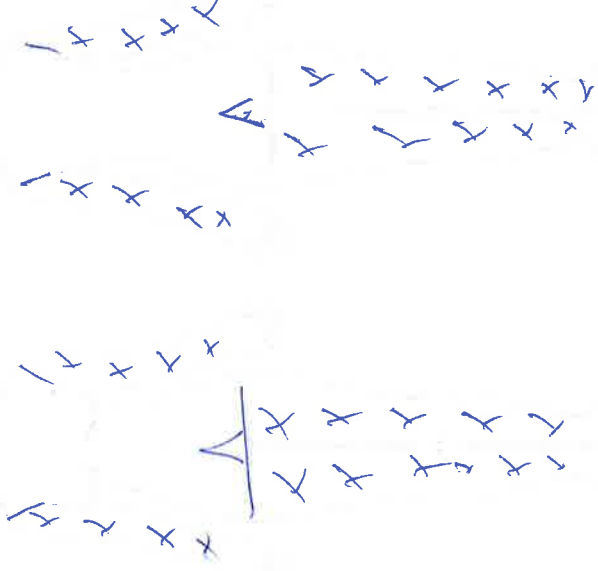
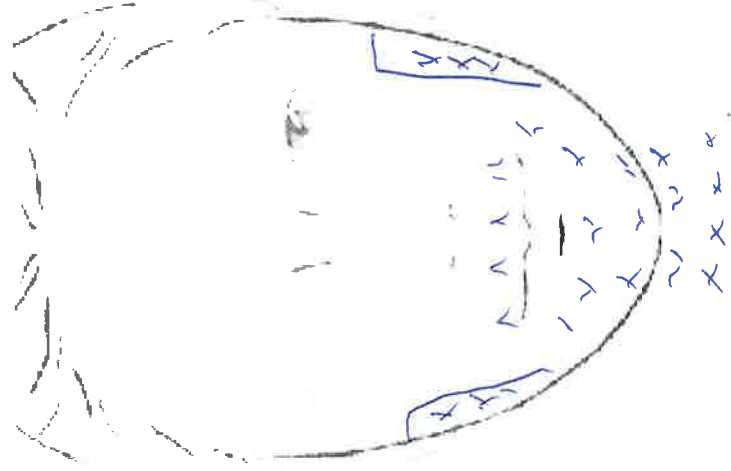
File Number: .....:رقم الملف.....

Pain Relief given? Yes / No .....:تخفيف الألم؟ نعم / لا.....

1500090

Evaluation and consent form completed? Yes / No

Pretreatment photography taken? Yes / No



	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Treatment Date	3/4/19	02/06/19	5/8/19	11/0/19	26/1/20	Face pending
Treatment Area	Full Body	Same	Full Body	full body	full body	
Hair Type	SOFT	SOFT	SOFT	SOFT	SOFT	
Mode	ALEX 20 spot	ALEX	ALEX 20	ALEX 20	ALEX 20	
Fluence	6/8	7J/10-10.5ms	8/10	8/10	9/10.5ms	
Pulse Type						
CNT Pulse						
Passes	1	1	10/10	10/10	10/10	
Starting Time			13/16	16/18ms	7/12ms	
Finish Time	1pm	4pm	8pm	5:30pm	5pm	
Post Treatment	2pm	5pm	9:15pm	6:20pm	6:20pm	
Therapist Name and Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

11th Sess



مركز اوركيد الطبي  
ORCHID MEDICAL CENTER

1,155.00

RECEIPT VOUCHER (No.REC-000978)

Date:31-07-2018

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. **One Thousand One Hundred Fifty-Five Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **1,155.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 31-07-2018

Being

Made by Ghada

**Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : info@omc1.ae**  
**www.omc1.ae**



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

1,155.00

RECEIPT VOUCHER (No. REC-001312)

Date: 24-09-2018

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. One Thousand One Hundred Fifty-Five Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 1,155.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 24-09-2018

Being

Made by Ghada

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مركز أوركيده الطبي  
ORCHID MEDICAL CENTER

1,155.00

RECEIPT VOUCHER(No.REC-001496)

Date:21-10-2018

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. One Thousand One Hundred Fifty-Five Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 1,155.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 21-10-2018

Being

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مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

50.00

RECEIPT VOUCHER (No.REC-001499)

Date:21-10-2018

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. Fifty Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 50.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 21-10-2018

Being AGAINST INVOICE NO: 2634

Made by Ghada 

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**[www.omc1.ae](http://www.omc1.ae)**





مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 1,233.75

RECEIPT VOUCHER

No: REC-001923

Date: 09-12-2018

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHILYON - 971556151057

The sum of Dhs. One Thousand Two Hundred Thirty Three and Seven Five Fils Only

By Cash 0.00 / By Credit Card 1,233.75 (Bank Charges: 0.00) / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: \_\_\_\_\_ Cheque No. \_\_\_\_\_ Date: \_\_\_\_\_

Being ADVANCE FOR FULL BODY LHR -DEKA-NON REFUNDABLE

Made by Ghada

**Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : info@omc1.ae**[www.omc1.ae](http://www.omc1.ae)



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

1,233.75

RECEIPT VOUCHER (No. REC-001959)

Date: 13-12-2018

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. One Thousand Two Hundred Thirty-Three Dirhams and Seventy-Five Fils Only

By Cash 0.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 1,233.75

Bank: Cheque No.

Date: 13-12-2018

Being

Made by **FATEN** 

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**[www.omc1.ae](http://www.omc1.ae)**



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 997.50

RECEIPT VOUCHER

No: REC-002278

Date: 10-01-2019

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. Nine Hundred Ninety Seven and Five Fils Only

By Cash 0.00 / By Credit Card 997.50 (Bank Charges: 0.00) / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank:

Cheque No.

Date:

Being **ADVANCE FOR FULL BODY LHR - DEKA - NON REFUNDABLE**Made by **Ghada**

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مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

997.50

RECEIPT VOUCHER (No. REC-002302)

Date: 13-01-2019

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. Nine Hundred Ninety-Seven Dirhams and Fifty Fils Only

By Cash 0.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 997.50

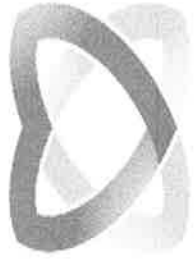
Bank: Cheque No.

Date: 13-01-2019

Being

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**[www.omc1.ae](http://www.omc1.ae)**



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 892.50

RECEIPT VOUCHER (No. REC-003188)

Date: 02-04-2019

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. **Eight Hundred Ninety-Two Dirhams and Fifty Fils Only**

By Cash **0.00** / By Credit Card **892.50** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 02-04-2019

Being **FULL BODY + VAT**

Made by **Rana**

1. Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
2. Treatment includes lab cost is non-refundable.
3. After 48 hours No refundable accepted

Confirmed by : 1000090 - SHEREEN GHLYON - 971556151057

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)





مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 892.50

RECEIPT VOUCHER (No.REC-003919)

Date:02-06-2019

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. **Eight Hundred Ninety-Two Dirhams and Fifty Fils Only**By Cash **0.00** / By Credit Card **892.50** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **02-06-2019**Being **FULL BODY + VAT**Made by **Rana**

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : 1000090 - SHEREEN GHLYON - 971556151057

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 892.50

No: REC-004501

RECEIPT VOUCHER

Date: 25-07-2019

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. **Eight Hundred Ninety Two and Five Fils Only**By Cash **0.00** / By Credit Card **892.50 (Bank Charges: 0.00)** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

Being **ADVANCE FOR FULL BODY + VAT**Made by **Hiba**

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)



مركز أوركيديك الطبي  
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No.REC-006474)

Date:11-12-2019

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. **Two Hundred Ten Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **210.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date: 11-12-2019

Being **CONS + VAT**

Made by **Reem**

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : 1000090 - SHEREEN GHLYON - 971556151057

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**Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)**  
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مركز أوركييد الطبي  
ORCHID MEDICAL CENTER

AED 892.50

RECEIPT VOUCHER (No. REC-004657)

Date: 05-08-2019

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. Eight Hundred Ninety-Two Dirhams and Fifty Fils Only

By Cash 0.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 892.50

Bank: Cheque No.

Date: 05-08-2019

Being FULL BODY + VAT

Made by Hiba

1. Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
2. Treatment includes lab cost is non-refundable.
3. After 48 hours No refundable accepted

Confirmed by : 1000090 - SHEREEN GHLYON - 971556151057

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مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 892.50 **RECEIPT VOUCHER** No: REC-005306  
Date: 30-09-2019

Receive from Mr./Mrs./M/s. **1000090 - SHEREEN GHLYON - 971556151057**

The sum of Dhs. **Eight Hundred Ninety Two and Five Fils Only**

By Cash **0.00** / By Credit Card **892.50 (Bank Charges: 0.00)** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

eing **ADVANCE FOR FULL BODY DEKA + VAT**

Made by **Rana**

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

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**www.omc1.ae**





مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 892.50

RECEIPT VOUCHER (No.REC-005323)

Date:01-10-2019

Receive from Mr./Mrs./M/s. **1000090 - SHEREEN GHLYON - 971556151057**

The sum of Dhhs. **Eight Hundred Ninety-Two Dirhams and Fifty Fils Only**

By Cash **0.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **892.50**

Bank: Cheque No.

Date: **01-10-2019**

Being **FULL BODY + VAT**

Made by **Rana**

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : **1000090 - SHEREEN GHLYON - 971556151057**

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مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 157.50

RECEIPT VOUCHER (No.REC-006801)

Date:30-12-2019

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. One Hundred Fifty-Seven Dirhams and Fifty Fils Only

By Cash 0.00 / By Credit Card 157.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 30-12-2019

Being 1 SESSION POLISHING + VAT

Made by Rana

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : 1000090 - SHEREEN GHLYON - 971556151057

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مركز أوركيك الطبية  
ORCHID MEDICAL CENTER

AED 787.50

RECEIPT VOUCHER (No.REC-007283)

Date:26-01-2020

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. Seven Hundred Eighty-Seven Dirhams and Fifty Fils Only

By Cash 0.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 787.50

Bank: Cheque No.

Date: 26-01-2020

Being 1 session full body + vat

Made by Reem

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : 1000090 - SHEREEN GHLYON - 971556151057

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : info@omc1.ae  
www.omc1.ae



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 157.50

RECEIPT VOUCHER

No: REC-007198

Date: 22-01-2020

Receive from Mr./Mrs./M/s. **1000090 - SHEREEN GHLYON - 971556151057**The sum of Dhs. **One Hundred Fifty Seven and Five Fils Only**By Cash **0.00** / By Credit Card **157.50 (Bank Charges: 0.00)** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

Being **ADVANCE FOR FACIAL + VAT**Made by **Rana**

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

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مركز أوركيديك الطبي  
ORCHID MEDICAL CENTER

**AED 150.00**

RECEIPT VOUCHER (No. REC-007195)

Date: 22-01-2020

Receive from Mr./Mrs./M/s. **1000090 - SHEREEN GHLYON - 971556151057**

The sum of Dhs. **One Hundred Fifty Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **150.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date: **22-01-2020**

Being **COMPOSITE FILLING**

Made by **Rana**

1. Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
2. Treatment includes lab cost is non-refundable.
3. After 48 hours No refundable accepted

Confirmed by : **1000090 - SHEREEN GHLYON - 971556151057**

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مركز أوركيديك الطبي  
ORCHID MEDICAL CENTER

AED 300.00

RECEIPT VOUCHER (No.REC-007194)

Date:22-01-2020

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. Three Hundred Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 300.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No. Date: 22-01-2020

Being CAUTERY

Made by Rana

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : 1000090 - SHEREEN GHLYON - 971556151057

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مركز أوركيذ الطبي  
ORCHID MEDICAL CENTER

AED 157.50

RECEIPT VOUCHER (No. REC-007282)

Date: 26-01-2020

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. One Hundred Fifty-Seven Dirhams and Fifty Fils Only

By Cash 0.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 157.50

Bank: Cheque No.

Date: 26-01-2020

Being 1 session facial + vat

Made by Reem

1. Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
2. Treatment includes lab cost is non-refundable.
3. After 48 hours No refundable accepted

Confirmed by : 1000090 - SHEREEN GHLYON - 971556151057

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مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 787.50

RECEIPT VOUCHER (No. REC-007283)

Date: 26-01-2020

Receive from Mr./Mrs./M/s. 1000090 - SHEREEN GHLYON - 971556151057

The sum of Dhs. Seven Hundred Eighty-Seven Dirhams and Fifty Fils Only

By Cash 0.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 787.50

Bank: Cheque No.

Date: 26-01-2020

Being 1 session full body + vat

Made by Reem

1. Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
2. Treatment includes lab cost is non-refundable.
3. After 48 hours No refundable accepted

Confirmed by : 1000090 - SHEREEN GHLYON - 971556151057

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