

File No#: 1000129 Date: 6/1/2018
Patient Name: Lalithya Pinninti اسم المريض: لاليثيا
Date of Birth (تاريخ الميلاد): 10.02.2000 Gender (الجنس): M / (F)
Nationality (الجنسية): Indian Occupation (الوظيفة): Student
Marital Status (الحالة الاجتماعية): single Phone No. (رقم الهاتف): 056-6118569
Contact Person in Case of Emergency: APARNA PINNINTI 050-7504947

How did you know about us?

Commercials

*Please answer the following questions:

1. Which phrase best describes your skin type?
 I - Always burns, never tans
 II - Always burns, sometimes tans
 III - Sometimes burns, always tans
 IV - Rarely burns, always tans
 V - Moderately pigmented
2. Do you have a history of keloids or unusual scarring? ___ Yes No
3. Do you have a history of Herpes Simplex (fever blisters, cold sores) recurring in the area to be treated? ___ Yes No
4. Have you been on Accutane (Isotretinoin) in the last 6 months? ___ Yes No
5. Do you use Retin-A, Glycolic Acid products or Hydroquinone (bleaching agent) on the area(s) to be treated? ___ Yes No
6. Have you had waxing, plucking or electrolysis performed on the area(s) to be treated in the last 6 weeks? Yes ___ No
7. When were you last exposed to the sun (including tanning booths)?
27.12.2017 (mild sun exposure)
8. Do you use sunless tanning lotions? ___ Yes NO When was it last applied?

REDAD DATA

cAEAlOEBA83ODQyMl

Confirm Data

Public Data Readed Succ

SHOW READED DATA

Public Data Verification report**File Valid Signature?**

Non-Modifiable Data (SF3) False
 Modifiable Data (SF5) False
 Holder Signature Image (SF7) False
 Photography False
 Home Address False
 Work Address False

Card Holder Information

Name	Lalithya,,Pinninti	IDN:	784200069032538	Mother Name:	
Name (Ar)	لايثيا ,بيننتي	Card Number:	085202350	Mother Name (Ar):	
Title:		Nationality:	IND	Family ID:	
Title(Ar):		Nationality (Ar):	الهند		
Issue Date:	06/09/2017	Sex:	F	Sponsor Type:	03
Expiry Date:	29/08/2020	Date of Birth:	10/02/2000	Sponsor Name:	بيننتي فيكتا راميا
Marital Status:	01	Husband IDN:		Sponsor Number:	01607461
Residency Type:	03	Residency Number:	10120023055807	Residency Expiry:	29/08/2020
ID Type:	IL	Occupation:	11	Occupation Field:	00



Photo

Signature Image

<http://orchidsvr/EMID/default.aspx>

1/6/2018

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form. I have received a copy of the pre/post treatment instruction and agree to comply. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal having legal custody will also be required before treatment.

Date: 06.01.2018

Printed name: LALITHYA PINNINTI

Patient signature: 

Patient/legal guardian (for minors under age 18): APARNA PINNINTI

Witness: P. Aparna

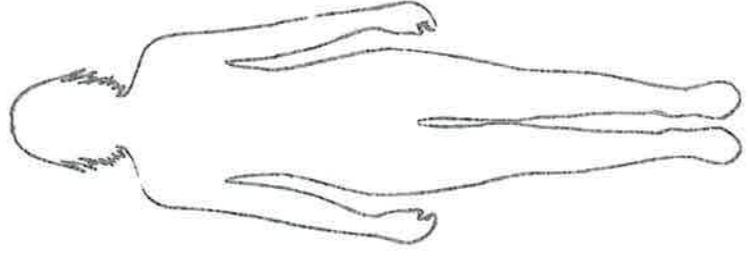
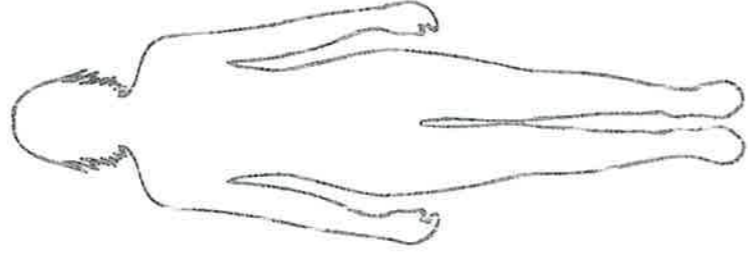
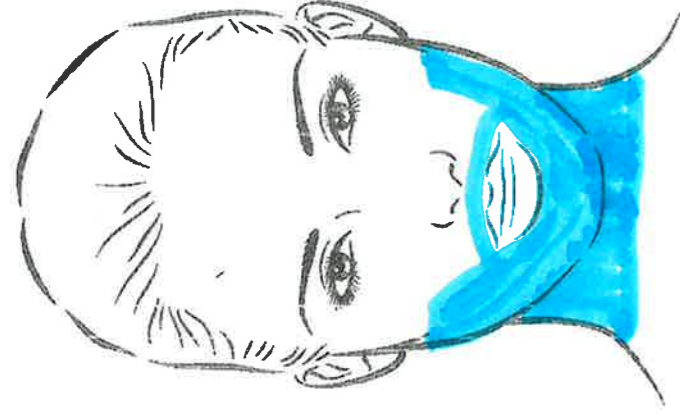
Circle areas to be treated:

Other _____

28 APRIL 2018

START TIME: 12:40 PM

END TIME: 1 PM



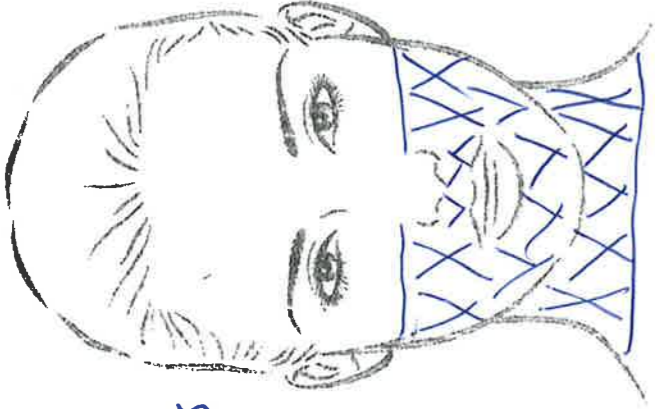
Circle areas to be treated:

Other _____

23/6/18

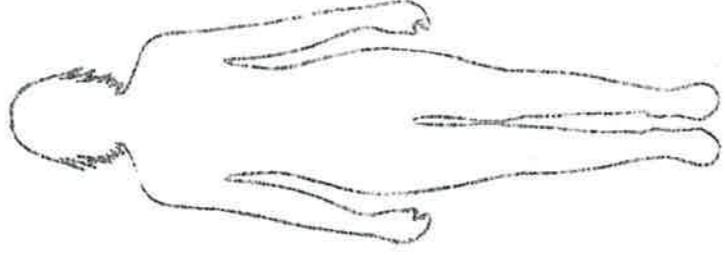
LHR FACE & NECK

10 J/cm², 1500 X 2 PAGES



Front

Back



Patient Name: **CALITHYA PINDINTY**

FILE NO# **1000129**

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
6/1/18	Consultation with DR. EHAM	0	0	<i>[Signature]</i>
7/1/18	1HR FACE & NECK SKIN TYPE V - 10 J/cm ² , BURST X 2 PASSES	420	0	
11/1/18	1HR FACE & NECK SKIN TYPE V - 10 J/cm ² , BURST X 2 PASSES			
22/3/18	1HR FACE & NECK 12 J/cm ² , BURST X 2 PASSES	300	0	<i>[Signature]</i>
28/4/18	1HR FACE & NECK 10 J/cm ² , BURST X 2 PASSES ADMINITE FOR 1 MORE SESSION	300 300 600	0	<i>[Signature]</i>
23/6/18	1HR FACE & NECK 12 J/cm ² , BURST X 2 PASSES	PROVIDE 0	0	
20/9/18	1HR FACE & NECK 12 J/cm ² , BURST X 2	300	0	
20/10/18	1HR FACE & NECK 14 J/cm ²	300	0	
8/12/18	1HR FULL FACE (DEKA)			
2/2/19	1HR FULL FACE + NECK			
8/4/19	1HR FULL FACE + NECK			
22/2/20	1hr of face, neck, Alope.			<i>[Signature]</i>
23.2.20	Scrubbing & polish	free		<i>[Signature]</i>

د. غوران يوفانوفيتش
 Dr. Goran Jovanovic
 أخصائي - جراحة التجميل
 Specialist - Plastic Surgeon
 MOH License No.: V240
 ترخيص رقم: V240
 مركز أوركيذ الطبي - Orchid Medical Centre

د. وسام أبو طابوع
 Dr. Wessam Marwan Al Tabbaa
 أخصائي جراحة التجميل
 Specialist
 MOH License No.: V240
 ترخيص رقم: V240
 مركز أوركيذ الطبي - Orchid Medical Centre

د. أميرة حسن
 Dr. Amira Hassan
 ممارس عام - طب الأسنان عام
 G.P General Dentist
 MOH License No.: 057736
 ترخيص رقم: 057736
 مركز أوركيذ الطبي - Orchid Medical Centre



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 600.00	RECEIPT VOUCHER (No. REC-000548)	Date: 28-04-2018
Receive from Mr./Mrs./M/s. 1000129 - Lalithya Pinninti - 971506367546		
The sum of Dhs. Six Hundred Only		
By Cash 0.00 / By Credit Card 600.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 28-04-2018
Being <i>A6AINJIT INUH 590 (PAID IN ADVANCE 300.00)</i>		
Made by Ghada		

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Ghada



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ORCHID MEDICAL CENTER

262.50

RECEIPT VOUCHER (No.REC-001292)

Date:20-09-2018

Receive from Mr./Mrs./M/s. 1000129 - Lalithya Pinninti - 971506367546

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

By Cash 0.00 / By Credit Card 262.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

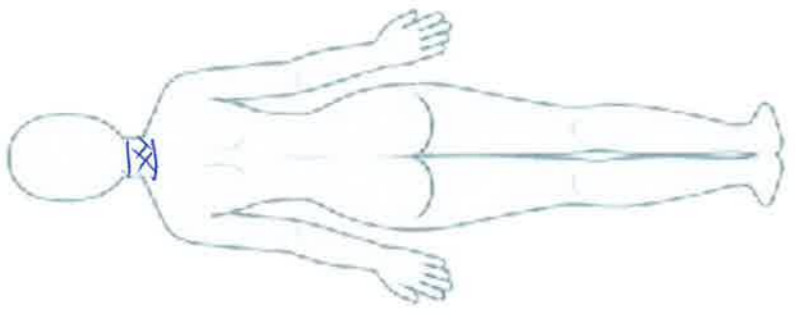
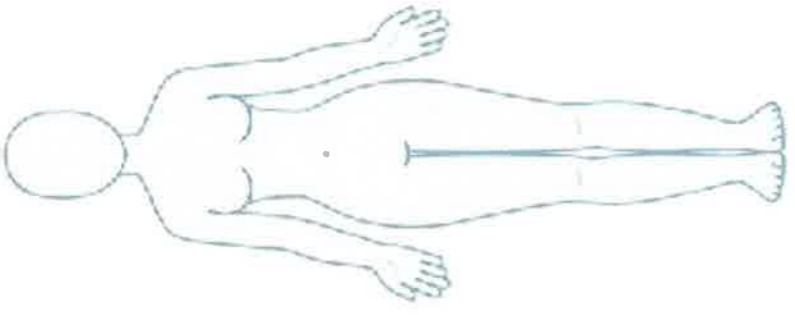
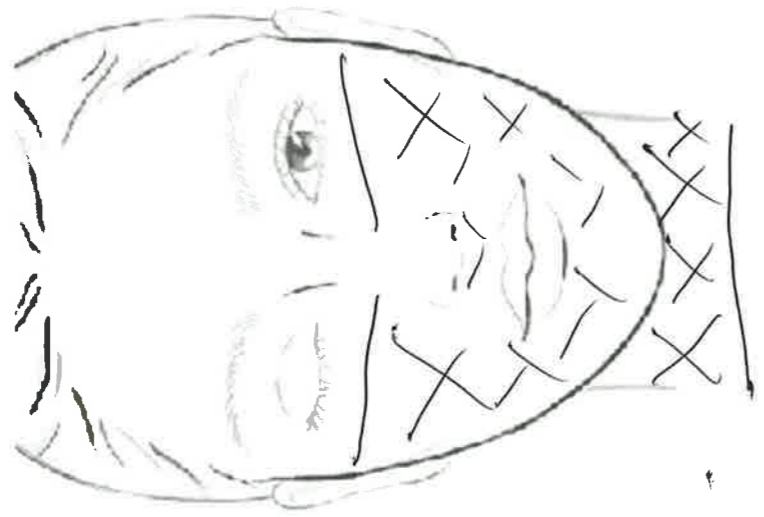
Date: 20-09-2018

Being

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www.omc1.ae

Patient's Name: **AMUFA PININI** اسم المريض
 File Number: **100019** رقم الملف
 Pain Relief given? Yes / No Yes / No Pretreatment photography taken? Yes / No



SKIN TYPE: V

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Treatment Date	20/9/18	20/10/18	8/12/18	2/2/19	20/4/19	22/2/20
Treatment Area	FACE + NECK	FRAG + NECK	FULL FACE	FULL FACE + NECK	FACE	1/2 face, Neck, nape.
Hair Type	DARK	DARK	MEDIUM	MEDIUM	FACE + NECK	THICK. 1/2
Mode	DP1	DP1	NOYAG	NOYAG	NOYAG (10spot)	ALD yag 10.
Fluence	12 J/cm ²	14 J/cm ²	SPOT 16	14 J / 15	18/20 ms	20 J / 20 ms.
Pulse Type	BURST	BURST	12/20	SPOT: 20		
CNT Pulse						
Passes	2	2		1	1	1 pass.
Starting Time	5:30 PM	1:45 PM	11:15 AM			
Finish Time	6 PM	2:10 PM	11:20 AM		10:30 al	10:30 am.
Post Treatment						Fluent Pain

Therapist Name and Signature **NESE** *[Signature]*



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315.00

RECEIPT VOUCHER (No.REC-001480)

Date:20-10-2018

Receive from Mr./Mrs./M/s. 1000129 - Lalithya Pinninti - 971506367546

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

By Cash 0.00 / By Credit Card 315.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: _____

Date: 20-10-2018

Being

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ORCHID MEDICAL CENTER

210.00

RECEIPT VOUCHER (No.REC-001902)

Date:08-12-2018

Receive from Mr./Mrs./M/s. 1000129 - Lalithya Pinninti - 971506367546

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: _____

Date: **08-12-2018**

Being _____

Made by **Ghada**

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315.00

RECEIPT VOUCHER (No. REC-002495)

Date: 02-02-2019

Receive from Mr./Mrs./M/s. 1000129 - Lalithya Pinninti - 971506367546

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

By Cash 0.00 / By Credit Card 315.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 02-02-2019

Being

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-003395)

Date:20-04-2019

Receive from Mr./Mrs./M/s. 1000129 - Lalithya Pinninti - 971506367546

The sum of Dhs. **Three Hundred Fifteen Dirhams and Zero Fils Only**By Cash **0.00** / By Credit Card **315.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 20-04-2019

Being **FACE + NECK LHR + 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 : 1000129 - Lalithya Pinninti - 971506367546

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مركز أوركيده الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-007775)

Date:22-02-2020

Receive from Mr./Mrs./M/s. 1000129 - Lalithya Pinninti - 971506367546

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

By Cash **0.00** / By Credit Card **315.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 22-02-2020

Being

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 :1000129 - Lalithya Pinninti - 971506367546

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