

File No#: Ye00134 Date: 6/1/2018
اسم المريض: _____
Patient Name: Hania Musad Ahmad
Date of Birth (تاريخ الميلاد): 24/11/1988 Gender (الجنس): M / (F)
Nationality (الجنسية): Yemen Occupation (الوظيفة): _____
Marital Status (الحالة الاجتماعية): Married Phone No. (رقم الهاتف): 050-4495520
Contact Person in Case of Emergency:
050-690000 (Khalid) Husband
How Did You Know About Us?
from / Darsen khadifa.

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 , عديدة 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 "الأكوتان" / الايسوترتينونين " خلال الست أشهر الماضية؟ نعم لا

أقر أن أي صور قد يتم التقاطها للعلاج ستبقى مجهولة الهوية و قد يتم استخدامها للأغراض العلمية والإعلامية.

أقر انه قد أتحت لي الفرصة للاستفسار وتوجيه الأسئلة إلى المعالج المختص و أنني قد قرأت وفهمت محتوى هذا الإقرار. وأني تجاوزت الثامنة عشر من عمري أو حصلت على موافقة ولي أمري في حالة عدم بلوغي السن القانوني قبل إجراء العلاج.

التاريخ: _____.

الاسم: _____.

توقيع المريض: _____.



توقيع ولي أمر المريض(لمن هم دون السن القانوني): _____.

بشهادة: _____.

REDAD DATA

cAEAI0EBAA830DQXO*

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 | Hanya,Musaed,Ahmed,,Al Rabeei | IDN: | 784198808594059 | Mother Name: | |
| Name (Ar) | هنية،موسعد،أحمد،الرابيعي | Card Number: | 082970209 | Mother Name (Ar): | |
| Title | | Nationality: | YEM | Family ID: | |
| Title (Ar): | | Nationality (Ar): | اليمن | | |
| Issue Date: | 12/04/2017 | Sex: | F | Sponsor Type: | 03 |
| Expiry Date: | 06/03/2019 | Date of Birth: | 24/11/1988 | Sponsor Name: | خالد صلح سعيد عوض |
| Marital Status: | 02 | Husband IDN: | | Sponsor Number: | 02635413 |
| Residency Type: | 03 | Residency Number: | 20120013011620 | Residency Expiry: | 06/03/2019 |
| ID Type: | IL | Occupation: | 99 | Occupation Field: | 00 |

Photo



Signature Image


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

1/6/2018



PATIENT NAME:

FILE NO#:

| DATE | TREATMENT | PAYMENT | SIGNATURE |
|----------|---|---------|---|
| 6.1.18 | LHR UNDER ARMS (PIGMENTED) 10J/cm ² BURST x 2 PASSES. | 180 |  Dr. Gprati BALANGEONOVIC تخصص جراحة التجميل (Plastic Surgeon) MOH License No.: 7020 Orchid Medical Centre |
| 3.2.18 | LHR UNDER ARMS 12J/cm ² BURST, 2 PASSES. | 180 | |
| 3.8.18 | LHR UNDER ARMS 12J/cm ² BURST x 2 PASSES. | 180 | |
| 21.4.18 | LHR UNDER ARMS 12J/cm ² BURST x 2 PASSES. | 180 | |
| 9.6.18 | LHR UNDER ARMS 12J/cm ² BURST x 2 PASSES. | 180 | |
| 7.7.18 | LHR UNDER ARMS 12J/cm ² BURST x 2 PASSES. | 300 | |
| 15.9.18 | LHR UNDER ARMS 16J/cm ² BURST x 2 | 0 | |
| 20.10.18 | LHR UNDER ARMS 16J/cm ² BURST x 2 | 0 | |
| 23.12.18 | LHR UNDER ARMS 16J/cm ² BURST x 2 (ADVANCE) | 105 | |
| 14/11/19 | LHR Underarms (Delta). | | |

Write areas to be treated.

Other

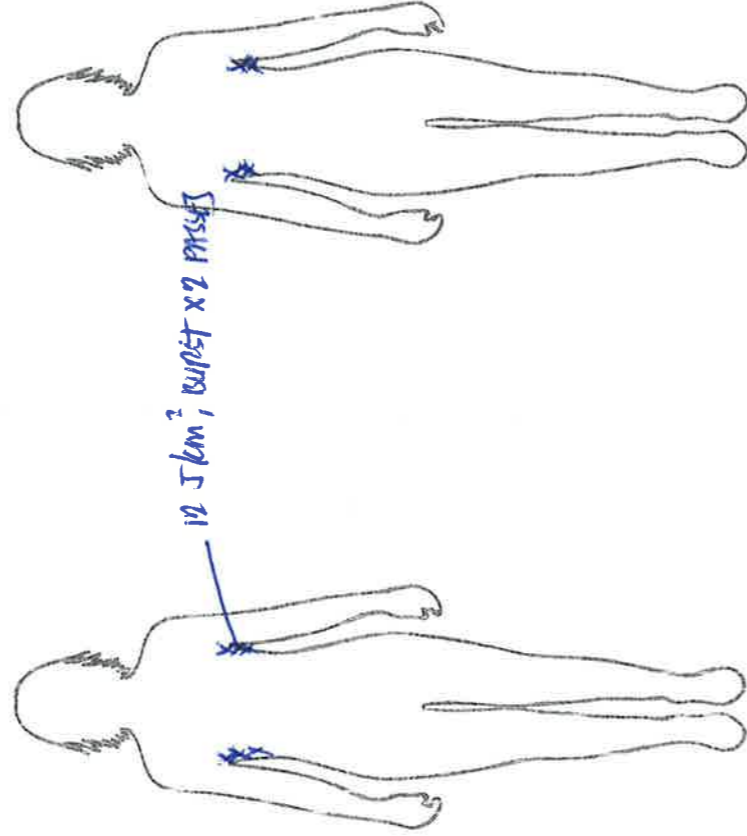
HANIA AHMAD

WTR UNDERARM

START TIME: 2:05 PM

END TIME: 2:15 PM

2/4/18



Other _____

HANNA AHMAD

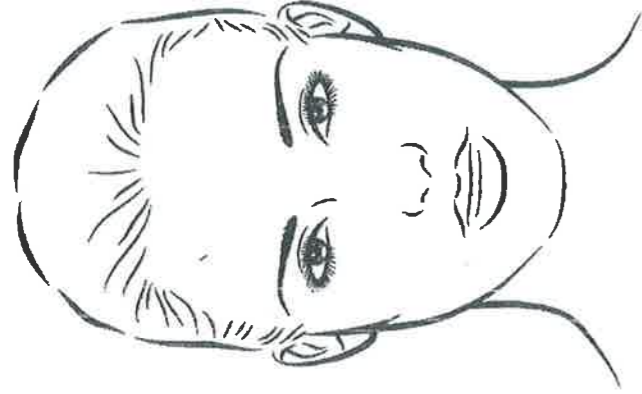
1 HR UNDER ATMI

DPI MODE

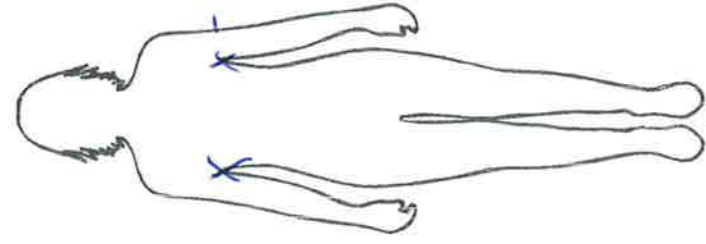
START TIME: 12:35 PM

END TIME: 12:45 PM

2/6/18

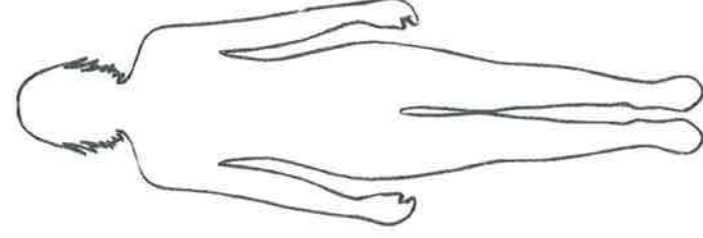


Front



- 12 5/16" ² BUST X
2 PASSES

Back





مركز أوركيد الطبي
ORCHID MEDICAL CENTER

| | | |
|---|---------------------------------|------------------|
| AED 180.00 | RECEIPT VOUCHER (No.REC-000504) | Date:21-04-2018 |
| Receive from Mr./Mrs./M/s. 1000131 - Hanyia Al Rabeei - 971504495520 | | |
| The sum of Dhs. One Hundred Eighty Only | | |
| By Cash 180.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00 | | |
| Bank: | Cheque No. | Date: 21-04-2018 |
| Being | | |
| Made by Ghada | | |

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

Ghada



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

| | | |
|---|---------------------------------|------------------|
| AED 180.00 | RECEIPT VOUCHER (No.REC-000711) | Date:02-06-2018 |
| Receive from Mr./Mrs./M/s. 1000131 - Hanya Al Rabeai - 971504495520 | | |
| The sum of Dhs. One Hundred Eighty Only | | |
| By Cash 180.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00 | | |
| Bank: | Cheque No. | Date: 02-06-2018 |
| Being | | |
| Made by Ghada | | |

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www.omc1.ae

HANIA AHMAD

LHR UNDERARM

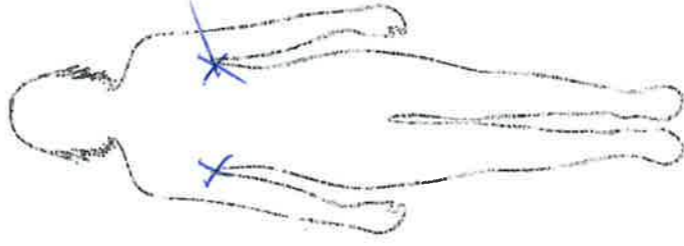
7 JULY 2018

Circle areas to be treated:

Other



Front



12 J/cm², BURST X
2 PASSES

Back





مركز أوركيد الطبي
ORCHID MEDICAL CENTER

No: REC-000864

RECEIPT VOUCHER

Date: 07-07-2018

AED 315.00

Receive from Mr./Mrs./M/s. 1000131 - Hanya Al Rabeei - 971504495520

The sum of Dhs. **Three Hundred Fifteen Only**By Cash **315.00** / By Credit Card **0.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

Being **ADVANCE FOR 3 SESSIONS UNDER ARM LHR**

Made by Ghada

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

Patient's Name: **HANIA AHMAD**

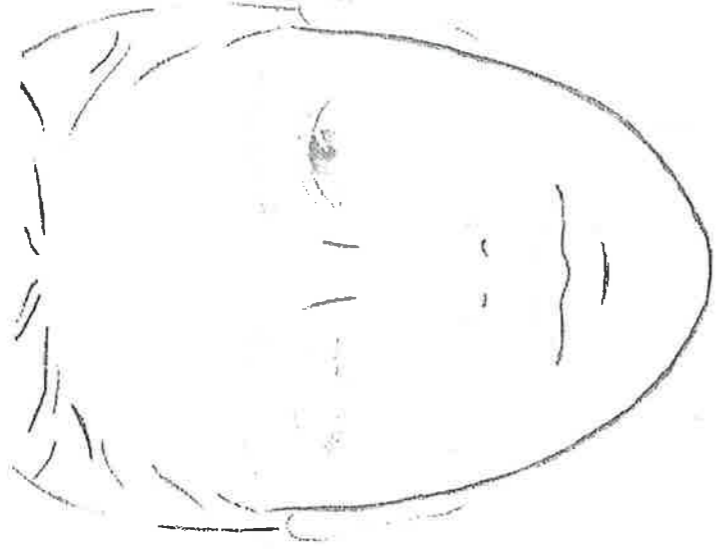
File Number: **1000131**

Pain Relief given? Yes / No

رقم الملف

Evaluation and consent form completed? Yes / No

Pretreatment photography taken? Yes / No



(Deka)

| Treatment Date | Treatment Area | Hair Type | Mode | Fluence | Pulse Type | GNT Pulse | Passes | Starting Time | Finish Time | Post Treatment |
|-----------------------|----------------|-----------|--------|---------------------|------------|-----------|--------|---------------|-------------|----------------|
| Session 1 15/01/18 | UNDERARMS | DATK | DP1 | 16J/cm ² | BURST | | 2 | 12 PM | 12:10 PM | |
| Session 2 20/10/18 | UNDERARMS | DATK | DP1 | 16J/cm ² | BURST | | 2 | 1:30 AM | 1:35 PM | |
| Session 3 25/12/18 | UNDERARMS | DATK | DP1 | 16J/cm ² | BURST | | 2 | 1:30 PM | 1:45 PM | |
| Session 4 14/4/19 | U.A. | MEDIUM | DPYAGI | 16J/cm ² | BURST | | 1 | 6:15 PM | 6:15 PM | MCPRO |
| Session 5 | | | | | | | | | | |
| Session 6 | | | | | | | | | | |

Therapist Name and Signature: **BLESIE JAWAN**



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ORCHID MEDICAL CENTER

105.00

RECEIPT VOUCHER (No. REC-001242)

Date: 15-09-2018

Receive from Mr./Mrs./M/s. 1000131 - Hanya Al Rabeei - 971504495520

The sum of Dhs. **One Hundred Five Dirhams and Zero Fils Only**By Cash **0.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **105.00**

Bank: Cheque No.

Date: 15-09-2018

Being

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ORCHID MEDICAL CENTER

105.00

RECEIPT VOUCHER (No.REC-001478)

Date:20-10-2018


Receive from Mr./Mrs./M/s. 1000131 - Hanya Al Rabeai - 971504495520

The sum of Dhs. **One Hundred Five Dirhams and Zero Fils Only**By Cash **0.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **105.00**

Bank: Cheque No.

Date: 20-10-2018

Being

Made by  Ghada

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

105.00

RECEIPT VOUCHER (No.REC-002057)

Date:25-12-2018

Receive from Mr./Mrs./M/s. 1000131 - Hanya Al Rabeei - 971504495520

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

By Cash 105.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 25-12-2018

Being

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 105.00

RECEIPT VOUCHER


No: REC-002058

Date: 25-12-2018

Receive from Mr./Mrs./M/s. 1000131 - Hamya Al Rabeei - 971504495520

The sum of Dhs. **One Hundred Five Only**By Cash **105.00** / By Credit Card **0.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

Being **ADVANCE FOR UNDERARM LHR - NON REFUNDABLE**Made by Ghada 

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www.omc1.ae



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 105.00

RECEIPT VOUCHER (No.REC-003344)

Date:14-04-2019

Receive from Mr./Mrs./M/s. 1000131 - Hanya Al Rabeei - 971504495520

The sum of Dhs. **One Hundred Five Dirhams and Zero Fils Only**By Cash **0.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **105.00**

Bank: Cheque No.

Date: 14-04-2019

Being

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 : 1000131 - Hanya Al Rabeei - 971504495520

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