

File No#: 1000 P32 Date: 07.01.2018 اسم _____
Patient Name: APARNA PINNINTI Gender (الجنس): M / F
المريض: _____
Date of Birth (تاريخ الميلاد): 06.01.1975 Occupation (الوظيفة): HOUSEWIFE
Nationality (الجنسية): INDIAN Phone No. (رقم الهاتف): 050-15014946
Marital Status (الحالة الاجتماعية): MARRIED
Contact Person in Case of Emergency: LALITHA PINNINTI 050-0367546

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)?
2 weeks
8. Do you use sunless tanning lotions? ____ Yes NO When was it last applied?

Laser Hair Removal Patient Consent

I consent to the use of VIKINY DIODE at the Orchid medical center, Sharjah for the removal of unwanted hair.

I understand that the laser produces a focused beam of light that generates a wavelength of energy that is selectively absorbed by the pigment in the hair follicle. The absorption produces heat, which damages the hair follicle and diminishes its ability to grow hair.

Clinical results may vary depending on individual factors, including medical history, skin and hair type, patient compliance with pre/post treatment instructions, and individual response to treatment. I am aware of alternative methods of hair removal such as shaving, plucking, depilatory creams, waxing and electrolysis. I have made an informed decision to proceed with laser hair removal.

The following points need be paid attention:

- No tanning or self-tanning creams for 4-6 weeks prior to and after treatments due to increased side effects.
- Waxing and plucking should be avoided for 6 weeks prior to treatment.
- Tattoos and permanent makeup in the treatment area can be altered with laser treatments.
- A complete medical history is to be completed including medication, allergies and skin type.
- Individuals who have used Accutane within the past 6 months or who used any medication requiring limited exposure to sunlight are not good candidates for VIKINI procedure.

Skin effects will possibly include temporary redness similar to a sunburn. Some swelling and light crusting may occur. These side effects should resolve within a few hours to several days following treatment. Hypopigmentation or hyperpigmentation is uncommon and rarely permanent. Sun avoidance and use of sunscreen is recommended.

I consent to the taking of photographs and their anonymous use for the purpose medical audit, education and promotion.

REDAD DATA

cAEAlOEBAAs3ODQxO

Confirm Data

Public Data Readed Suc

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	Apama,,Pinninti	IDN:	784197535087692	Mother Name:	
Name (Ar)	اپرنا پیننیتی	Card Number:	085208791	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:	06/01/1975	Sponsor Name:	پیننیتی فینکٹا رامنا
Marital Status:	02	Husband IDN:		Sponsor Number:	01607461
Residency Type:	03	Residency Number:	10120023055803	Residency Expiry:	29/08/2020
ID Type:	IL	Occupation:	10	Occupation Field:	00



Photo

Signature Image

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

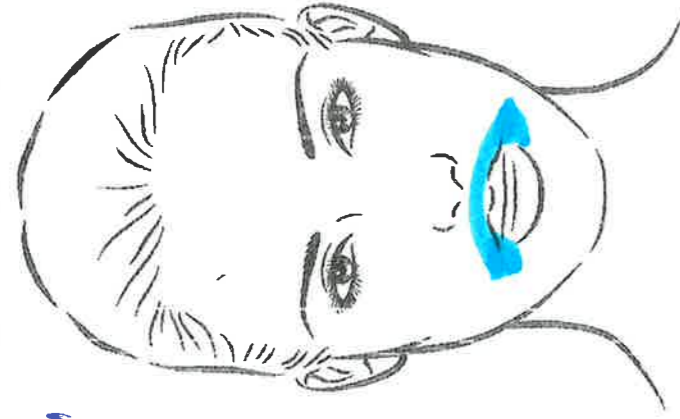
1/7/2018

Circle areas to be treated:

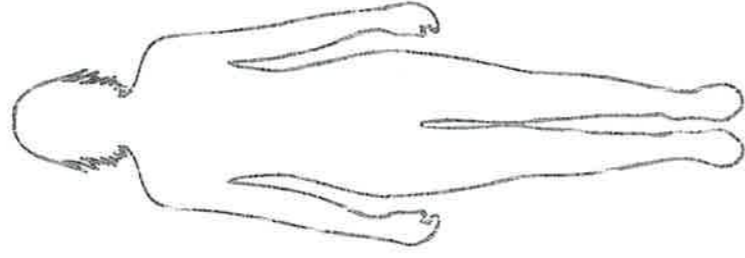
Other _____

START TIME: 1:00 PM

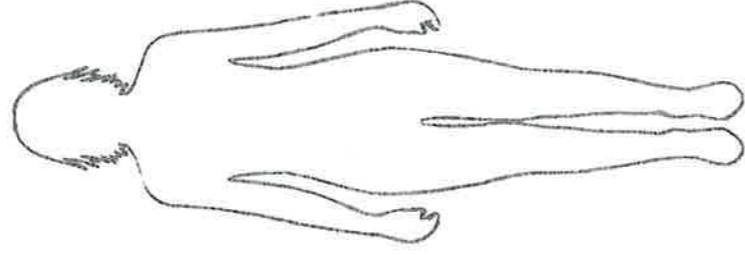
END TIME: 1:10 PM



Front



Back



23/6/18



1HR UPPER LIP
10J/cm², BURST X 2 PASSES





مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 100.00	RECEIPT VOUCHER (No.REC-000547)	Date:28-04-2018
Receive from Mr./Mrs./M/s. 1000132 - Aparna Pinninti - 971507504947		
The sum of Dhs. One Hundred Only		
By Cash 0.00 / By Credit Card 100.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 28-04-2018
Being (PAID FOR THE NEXT SESSION - AGAINST INU# J09)		
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

52.50

RECEIPT VOUCHER (No.REC-001903)

Date:08-12-2018

Receive from Mr./Mrs./M/s. 1000132 - Aparna Pinninti - 971507504947

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

By Cash 0.00 / By Credit Card 52.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

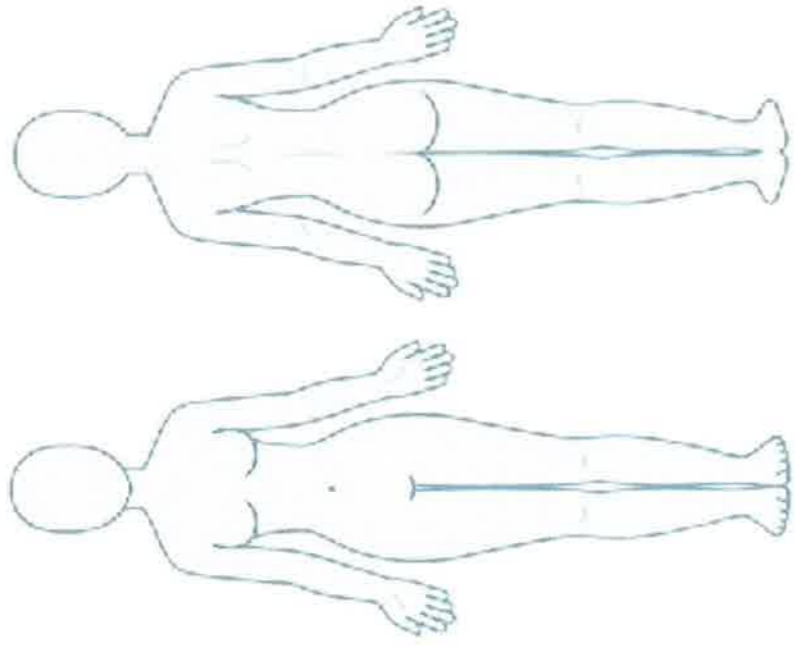
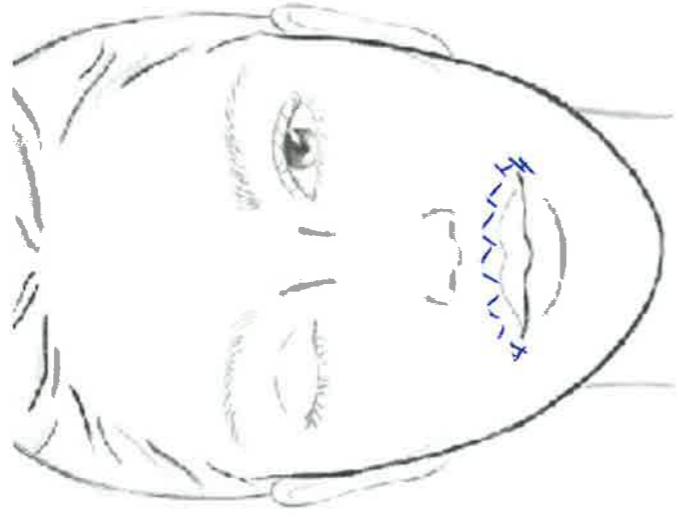
Date: 08-12-2018

Being

Made by Ghada

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

Patient's Name: **APAKNA PINNINI** إسم المريض
 File Number: **1000132** رقم الملف
 Pain Relief given? Yes / No Evaluation and consent form completed? Yes / No
Pretreatment photography taken? Yes / No



SKIN TYPE: VI
DEKA

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Treatment Date	8/12/18					
Treatment Area	UPPER LIP					
Hair Type	MEDIUM					
Mode	NDYAG					
Fluence	SPOT: 16					
Pulse Type	18/20					
CNT Pulse						
Passes	1					
Starting Time	11:30 AM					
Finish Time	11:40 AM					
Post Treatment						

Therapist Name and Signature **R. K. S. I. K.**



مركز أوركيډ الطبي
ORCHID MEDICAL CENTER

AED 500.00

RECEIPT VOUCHER

No: REC-008324

Date: 30-03-2020

Receive from Mr./Mrs./M/s. 1000132 - Aparna Pinninti - 971507504947

The sum of Dhs. **Five Hundred Only**By Cash **0.00** / By Credit Card **500.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

Being **ADVANCE FOR 6 SESSIONS CARBON + VAT BALANCE 445**

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

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