

File No#: 1000198

Date: 17/02/2018

اسم المريض:

Patient Name: Asma Gisa

Date of Birth (تاريخ الميلاد): 15/02/1981

Gender (الجنس): M / F

Nationality (الجنسية): UAE

Occupation (الوظيفة):

Marital Status (الحالة الاجتماعية): Married

Phone No. (رقم الهاتف): 050 7478799

Contact Person in Case of Emergency:

✓ How Did You Know About Us?

بيل المقبول

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 الحصى أو التقرحات في منطقة العلاج ؟ نعم لا

4- هل تناولت عقار "الأكويتان / الإيسوترينوتين " خلال الست أشهر الماضية؟ نعم لا

REDAD DATA

cAEAlOEBA830DQxO

Confirm Data

Public Data Readed Succ

SHOW READED DATA

Public Data Verification report

File	Valid Signature?
Non-Modifiable Data (SF3)	True
Modifiable Data (SF5)	True
Holder Signature Image (SF7)	True
Photography	True
Home Address	True
Work Address	True

Card Holder Information

Name	Asma,Eisa,Mohamed,,Al Beshher	IDN:	784198150726861	Mother Name:	
Name (Ar)	اسماء عيسى محمد رال بشر	Card Number:	063314668	Mother Name (Ar):	
Title:		Nationality (Ar):	ARE	Family ID:	101046512
Title (Ar):		Nationality (Ar):	الإمارات العربية المتحدة		
Issue Date:	13/05/2013	Sex:	F	Sponsor Type:	
Expiry Date:	13/05/2018	Date of Birth:	15/02/1981	Sponsor Name:	
Marital Status:	02	Husband IDN:		Sponsor Number:	
Residency Type:		Residency Number:		Residency Expiry:	
ID Type:	ID	Occupation:	10	Occupation Field:	00

Photo



Signature Image

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

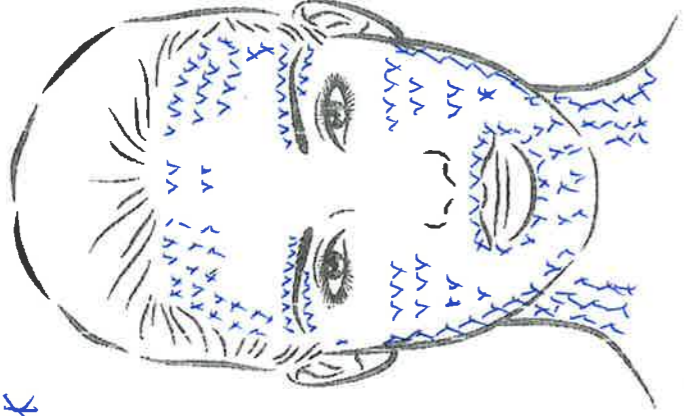
2/17/2018

Circle areas to be treated:

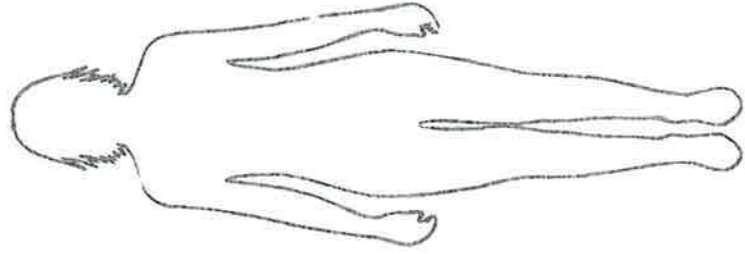
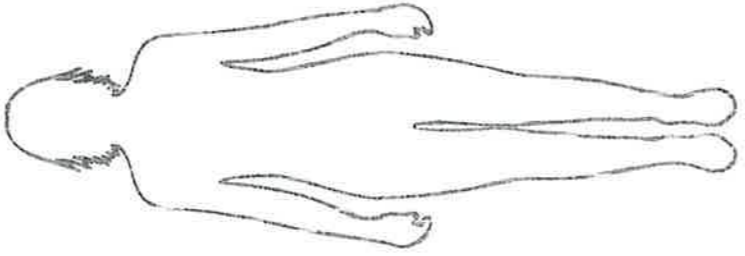
Other _____

5/5/2018

SOFT LIGHT FULL FACE + NECK



Q1064 - 440 - 500
PTP 1064 - 400 - 500





مركز أوركيذ الطبي
ORCHID MEDICAL CENTER

AED 675.00	RECEIPT VOUCHER (No.REC-000593)	Date:05-05-2018
Receive from Mr./Mrs./M/s. 1000198 - ASMA eisa - 971507478799		
The sum of Dhs. Six Hundred Seventy Five Only		
By Cash 675.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 05-05-2018
Being		
Made by LASER DEPARTMENT		

KC

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



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

315.00

RECEIPT VOUCHER (No. REC-000736)

Date: 09-06-2018

Receive from Mr./Mrs./M/s. 1000198 - ASMA eisa - 971507478799

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

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

Bank: Cheque No.

Date: 09-06-2018

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

472.50

RECEIPT VOUCHER (No.REC-000916)

Date:17-07-2018

Receive from Mr./Mrs./M/s. 1000198 - ASMA eisa - 971507478799

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

By Cash 0.00 / By Credit Card 472.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 17-07-2018

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

157.50

RECEIPT VOUCHER (No. REC-000964)

Date: 28-07-2018

Receive from Mr./Mrs./M/s. 1000198 - ASMA eisa - 971507478799

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: 28-07-2018

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

840.00

RECEIPT VOUCHER (No.REC-001140)

Date:29-08-2018

Receive from Mr./Mrs./M/s. 1000198 - ASMA eisa - 971507478799

The sum of Dhs. Eight Hundred Forty Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 840.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 29-08-2018

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

525.00

RECEIPT VOUCHER (No.REC-002020)

Date:22-12-2018

Receive from Mr./Mrs./M/s. 1000198 - ASMA EISA - 971507478799

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

By Cash 0.00 / By Credit Card 525.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 22-12-2018

Being

Made by Ghada

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