

File No#: 1000200 Date: 17/02/2020
اسم المريض: Fiamon Kizma
Patient Name: Fiamon Kizma
Date of Birth (تاريخ الميلاد): 17/02/1985 Gender (الجنس): M / F
Nationality (الجنسية): UAE Occupation (الوظيفة):
Marital Status (الحالة الاجتماعية): Married / Phone No. (رقم الهاتف): 0509988693
Contact Person in Case of Emergency:

How Did You Know About Us?

لبنى الصبالي

التاريخ الطبي للعلاج بالليزر

*يرجى الاجابة على الأسئلة التالية بدقة:-

- 1- ما هو الوصف الأنسب لنوع بشرتك ؟
1 - دائمة الاحترق , قليلة الاسمرار
2- دائمة الاحترق , عديمة الاسمرار
3 - قليلة الاحترق , دائمة الاسمرار
4- نادرة الاحترق , دائمة الاسمرار
5- بشرة داكنة السمرة
- 2- هل ظهور 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

REDAD DATA

cAEAlOEBA83ODQxO

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	Eiman,Eissa,Mohamed,Eissa,Al Bashir	IDN:	784198591932912	Mother Name:	
Name (Ar)	ايمان، عيسى، محمد، عيسى، ال بشير	Card Number:	085629784	Mother Name (Ar):	
Title:		Nationality:	ARE	Family ID:	301024196
Title (Ar):		Nationality (Ar):	الإمارات العربية المتحدة		
Issue Date:	06/10/2017	Sex:	F	Sponsor Type:	
Expiry Date:	06/10/2022	Date of Birth:	17/02/1985	Sponsor Name:	
Marital Status:	02	Husband IDN:		Sponsor Number:	
Residency Type:		Residency Number:		Residency Expiry:	
ID Type:	ID	Occupation:	1239	Occupation Field:	99



Photo

Signature Image

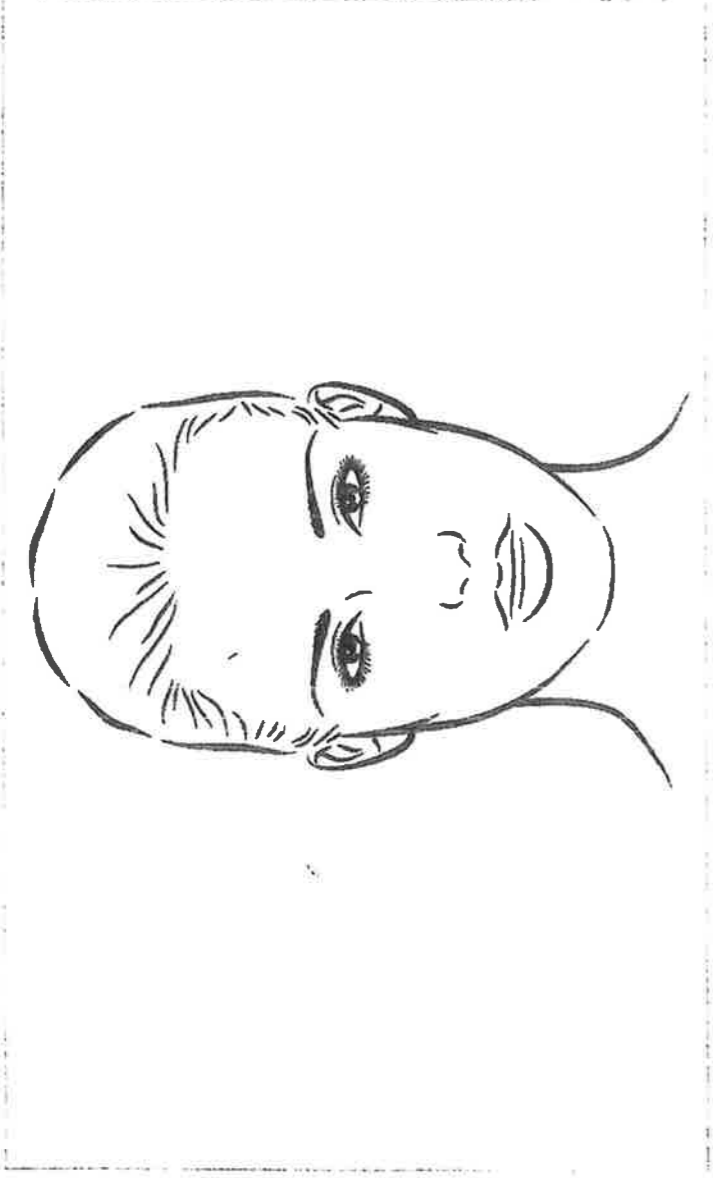
ايمان

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

2/17/2018

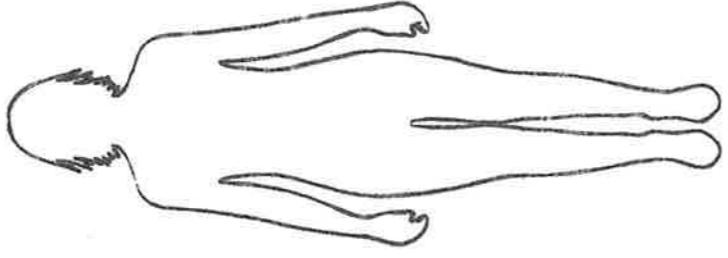
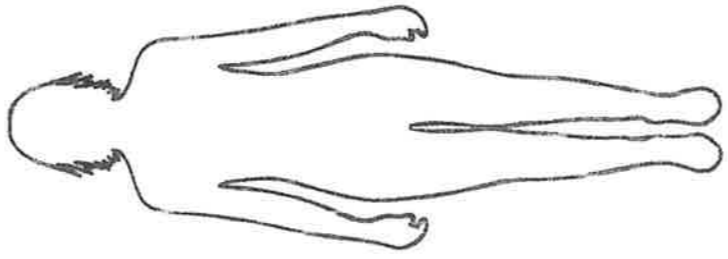
Circle areas to be treated:

Other _____



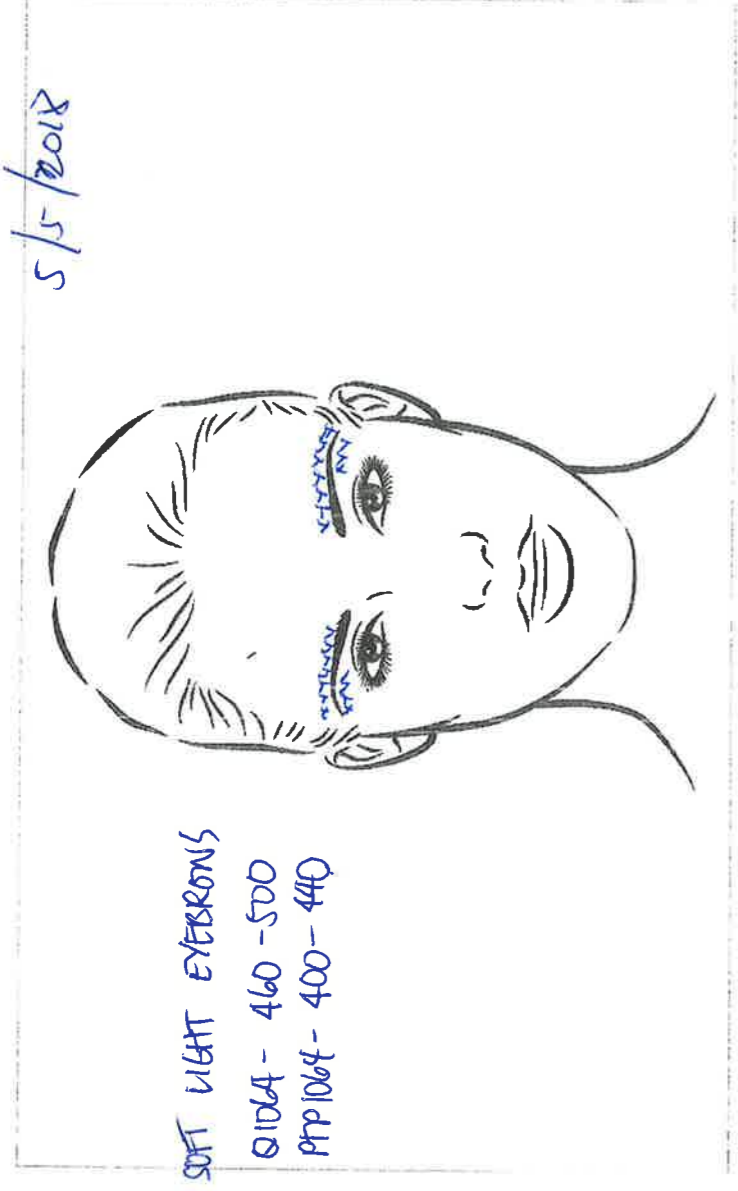
Front

Back

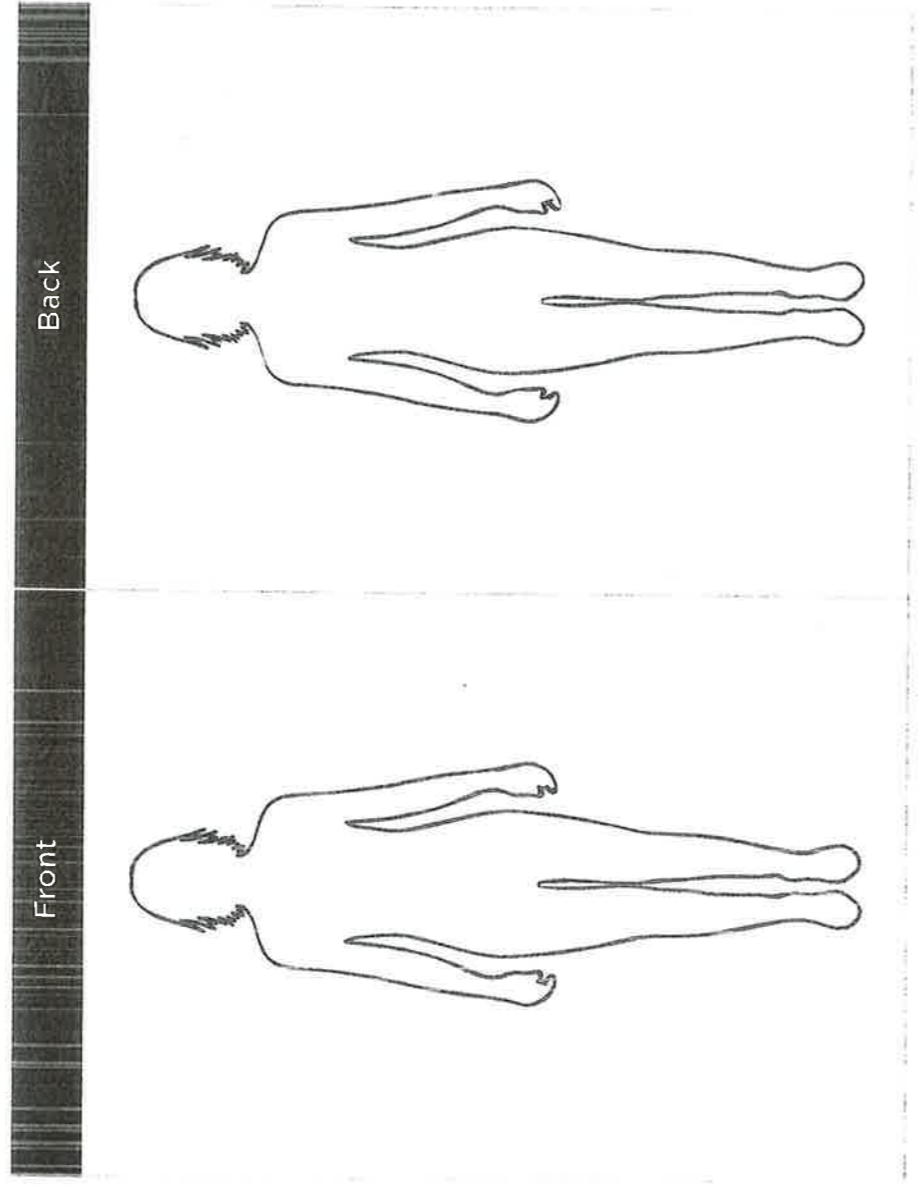


Circle areas to be treated:

Other _____



SOFT LIGHT EYEBROWS
Q1064 - 460 - 500
PP1064 - 400 - 440





مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 150.00	RECEIPT VOUCHER (No.REC-000594)	Date:05-05-2018
Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693		
The sum of Dhs. One Hundred Fifty Only		
By Cash 150.00 / 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		

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 150.00	RECEIPT VOUCHER (No.REC-000697)	Date:29-05-2018
Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693		
The sum of Dhs. One Hundred Fifty 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: 29-05-2018
Being		
Made by Ghada		

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



مركز أوركيذ الطبي
ORCHID MEDICAL CENTER

315.00

RECEIPT VOUCHER (No.REC-000732)

Date:07-06-2018

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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

By Cash 15.00 / By Credit Card 300.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 07-06-2018

Being

Made by Ghada

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



مركز أوركيديد الطبي
ORCHID MEDICAL CENTER

315.00

RECEIPT VOUCHER (No.REC-000839)

Date:03-07-2018

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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: 03-07-2018

Being

Made by Ghada

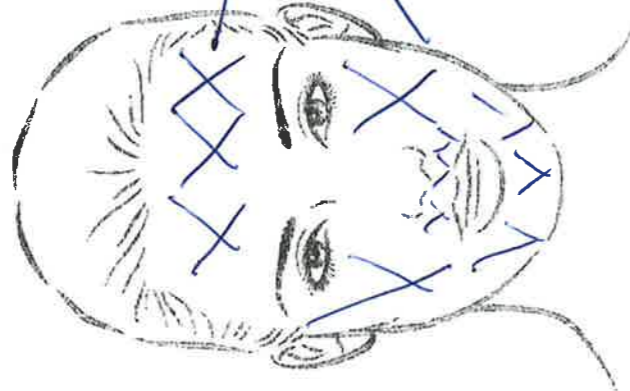
**Tel : + 9716 555 8337, Fax: + 9716 528 8130, e - mail : info@omc1.ae
www.omc1.ae**

Circle areas to be treated:

Other _____

17/7/18

LAZ FULL FACE



140/cm², BURST X
2 PASSES

> BEPANTHEN + AVANTAN CREAM
POST PROCEDURE

Front

Back





مركز أوركيد الطبي
ORCHID MEDICAL CENTER

210.00

RECEIPT VOUCHER (No. REC-000917)

Date: 17-07-2018

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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: 17-07-2018

Being

Made by Ghada

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



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

157.50

RECEIPT VOUCHER (No.REC-000963)

Date:28-07-2018

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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

315.00

RECEIPT VOUCHER (No.REC-001050)

Date:14-08-2018

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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: 14-08-2018

Being

Made by Ghada

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

Patient's Name: **EMMAN EISA**

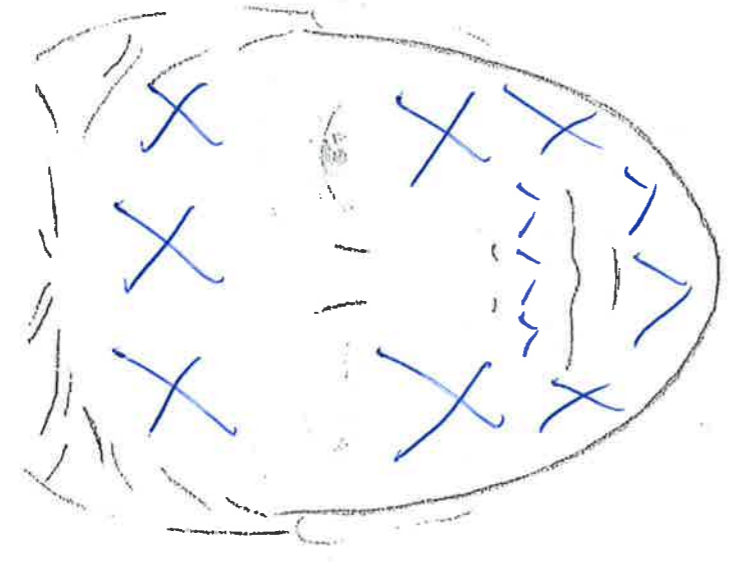
File Number: **1000760**

Pain Relief given? Yes / No **/**

رقم الملف

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
Session 1 29/8/18	FACE	COARSE	DP1	145 J/cm ²	BURST	2	2			
Session 2 21/12/18	FACE	MEDIUM	ND-AG	22.5 J/cm ²			1			
Session 3 13/2/19	FACE	MEDIUM	ND-AG	15.5 J/cm ²			1			
Session 4 31/3/19	FACE	M.	ND-YAG	SPOT 10			1			
Session 5										
Session 6										

12:45^N

None

Therapist Name and Signature: **WESLIE PERIN**



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

367.50

RECEIPT VOUCHER (No. REC-001141)

Date: 29-08-2018

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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

By Cash 0.00 / By Credit Card 367.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 29-08-2018

Being

Made by Ghada

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www.omc1.ae



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

157.50

RECEIPT VOUCHER (No. REC-001184)

Date: 06-09-2018

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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: 06-09-2018

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

367.50

RECEIPT VOUCHER (No.REC-001545)

Date:29-10-2018

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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

By Cash 0.00 / By Credit Card 367.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 29-10-2018

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-002018)

Date:22-12-2018

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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: 22-12-2018

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

210.00

RECEIPT VOUCHER (No.REC-002019)

Date:22-12-2018

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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: 22-12-2018

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

367.50

RECEIPT VOUCHER (No. REC-002638)

Date: 13-02-2019

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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

By Cash 0.00 / By Credit Card 367.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 13-02-2019

Being 350 full face laser+ soft light eye brow + vat

Made by Rana

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 420.00

RECEIPT VOUCHER (No. REC-003148)

Date: 31-03-2019

Receive from Mr./Mrs./M/s. 1000200 - Eman EISA - 971509988693

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

By Cash 0.00 / By Credit Card 420.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 31-03-2019

Being FACE LHR + SOFT LIGHT EYE BROW +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 : 1000200 - Eman EISA - 971509988693

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www.omc1.ae