



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

File No#: 1000278

Date: 12/3/2018

اسم المريض:

Suria Mohammed

Patient Name:

Suria

Date of Birth (تاريخ الميلاد): 8/1/1985

Gender (الجنس): M / F

Nationality (الجنسية): Iraqi

Occupation (الوظيفة):

Marital Status (الحالة الاجتماعية): Married

Phone No. (رقم الهاتف): 0504682681

E.MAIL: Suria778@yahoo.com

How Did You Know About Us? Facebook

Weight: Height: Blood Type:

Chief Complaint:

السجل الطبي Medical History

Diseases: Medication:

Allergies: Pregnancy:

Hospitalization: Family History:

Habits: Smoking: Y/N Alcohol: Y/N Drugs: Y/N

Remarks:

Clinical Findings:

Radiography:

Examination:

Diagnosis:

DOCTOR NOTE

Medical Consent Form

I hereby consent and authorize the doctor to treat my medical condition, which has been explained to me by the qualified physician.

I understand that in order to provide me with the most efficient and enhanced service, diagnostic and other procedures may be deemed necessary.

I understand that my treating doctor may discover other or different conditions, which may require additional or different procedures than those planned.

I authorize my treating doctor to perform such procedure, which are advisable in their professional judgment.

I understand that no warranty or guarantee has been made to me as to a result or cure just as there may be risks and hazards in continuing my present condition without treatment, there are also risk and hazards to the performance of the diagnostic and /or surgical procedure. I realize that common surgical or diagnostic procedure are potential for an infection, swelling, bleeding and allergic reaction.

I understand that there are minimal fees to be paid per service and that all fees must be paid in full after the completion of each treatment.

I understand that any information that I provide regarding my medical status will be kept completely confidential and anonymous.

I believe that I have sufficient information to give this consent. I certify that form has been fully explained to me and that I have read it understand its contents.

Patient Signature/ Guardian (In case of minors):

Date:

Dentist Signature:

نموذج إقرار طبي

أوافق و أسمح للطبيب بعلاج حالتي المرضية والتي تم شرحها لي من قبل الطبيب المختص و المؤهل.

أتفهم انه من أجل تزويدي بالعلاج الأمثل و الخدمة الأفضل، فإن بعض التشخيصات و الإجراءات الطبية الإضافية سوف تكون ضرورية لاستكمال العلاج.

وأنا أتفهم أن من الممكن ان يكشف الطبيب خلال العلاج حالات أخرى أو مختلفة عن ما ذكر في الفحص الأولي، والتي قد تتطلب إجراءات إضافية أو مختلفة عن تلك المخطط لها.

أفوض الطبيب المعالج بإجراء العلاجات اللازمة و المطلوبة بحكم خبرتهم المهنية و الطبية.

أتفهم انه ليس هنالك أي ضمانات أو أي تأمين لنتائج العلاج كما أتفهم ان هناك مخاطر ناتجة عن عدم استكمال علاج حالتي المرضية، و أتفهم تماما كافة الاخطار الناجمة عن الفحوصات و الإجراءات العلاجية و الجراحية. و أتفهم احتمالية حدوث عدوى أو تورم أو نزيف أو حساسية نتيجة للفحص أو الإجراء الطبي

أتفهم أن هناك رسوم بالحد الأدنى يجب دفعها مقابل الخدمة العلاجية و أن جميع الرسوم المطلوبة يجب سدادها مباشرة بعد الانتهاء من كل علاج.

إن أي معلومات أقدّمها بخصوص حالتي الصحية ستبقى سرية تماما و لا يمكن الاطلاع عليها دون موافقتي.

أقر أنني امتنك المعلومات الكافية لتوقيع هذا الاقرار. و ان هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيل هذا الاقرار.

توقيع المريض / الوصي :

التاريخ:

توقيع الطبيب المختص:



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	Sura,Mohammed,,Abbas	IDN:	784198594351060	Mother Name:	
Name (Ar)	سرى محمد ،،، عباس	Card Number:	084681915	Mother Name (Ar):	
Title:		Nationality:	IRQ	Family ID:	
Title(Ar):		Nationality (Ar):	العراق		
Issue Date:	01/08/2017	Sex:	F	Sponsor Type:	03
Expiry Date:	12/07/2020	Date of Birth:	08/01/1985	Sponsor Name:	مشى حارث يوفيق الامين
Marital Status:	02	Husband IDN:		Sponsor Number:	78728635
Residency Type:	03	Residency Number:	20120083077904	Residency Expiry:	12/07/2020
ID Type:	IL	Occupation:	99	Occupation Field:	00



Photo

Signature Image

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

3/12/2018

Circle areas to be treated:

SUNA NOTHIMMED

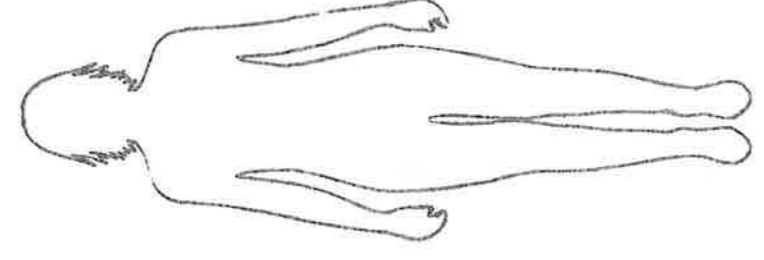
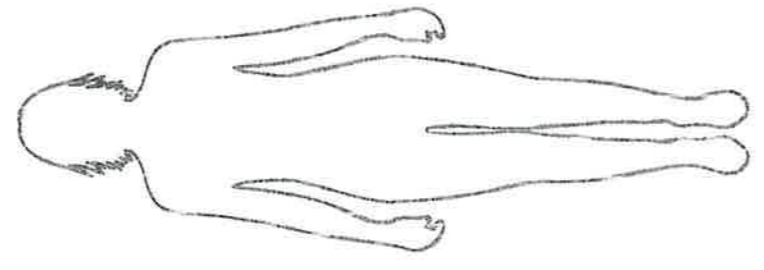
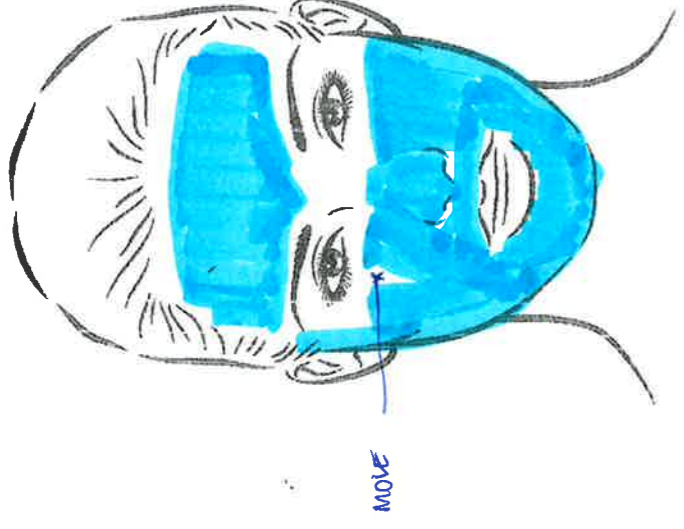
Other

28/4/2018

CARBON PEEL

START TIME : 2:25 PM

END TIME : 3 PM





مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 300.00	RECEIPT VOUCHER (No.REC-000552)	Date:28-04-2018
Receive from Mr./Mrs./M/s. 1000278 - Sura, Mohammed,,, - 971504682681		
The sum of Dhs. Three Hundred Only		
By Cash 0.00 / By Credit Card 300.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 28-04-2018
Being		
Made by	KC	

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

www.omc1.ae

KC



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

367.50

RECEIPT VOUCHER (No.REC-001288)

Date:20-09-2018

Receive from Mr./Mrs./M/s. 1000278 - Sura, Mohammed,,, - 971504682681

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

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

Bank: Cheque No.

Date: 20-09-2018

Being

Made by Ghada 

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



مركز أوركييد الطبي
ORCHID MEDICAL CENTER

AED 157.50

RECEIPT VOUCHER (No.REC-005642)

Date:24-10-2019

Receive from Mr./Mrs./M/s. 1000278 - SURA MOHAMMED - 971504682681

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

By Cash 157.50 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 24-10-2019

Being FACIAL + VAT THURSDAY OFFER

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 : 1000278 - SURA MOHAMMED - 971504682681

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