



مركز أوركيڤد الطبي
ORCHID MEDICAL CENTER

AED 570.00

RECEIPT VOUCHER (No.REC-008504)

Date:14-04-2020

Receive from Mr./Mrs./M/s. 1000531 - SONDOS HUSSEIN - 971557373790

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

By Cash 0.00 / By Credit Card 570.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 14-04-2020

Being teeth whitening + 1 composite filling + vat

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 : 1000531 - SONDOS HUSSEIN - 971557373790

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

Date: 8/5/2018

File No#: 1000531

اسم المريض:

Patient Name: Sondos Hussein

Gender (الجنس): M / F

Date of Birth (تاريخ الميلاد): 10-3-1993

Occupation (الوظيفة):

Nationality (الجنسية): Jordan

Phone No. (رقم الهاتف): 0557373790

Marital Status (الحالة الاجتماعية):

MAIL: sondos93@hotmail

How Did You Know About Us? online

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 تظهر لديك سابقا علامات ندوب أو جدره ؟ نعم لا

3- هل لديك اي تاريخ مرضي من الحلا بسيط (الهربس) أو بثور الحصى أو التقرحات في منطقة العلاج ؟ نعم لا

4- هل تناولت عقار "الأكبوتان / الأيسوترتينولين " خلال الست أشهر الماضية؟ نعم لا

5- هل استخدمت عقار " ريتين أي " أو منتجات حمض الجلاليكوليك أو الهايدروكوينيون (مادة مبيضة) في منطقة العلاج ؟ نعم لا

Circle areas to be treated:

Other _____

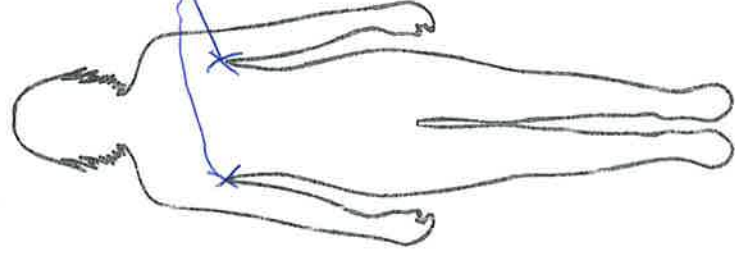
8/5/2018

START TIME: 10 AM
END TIME: 10:20 AM

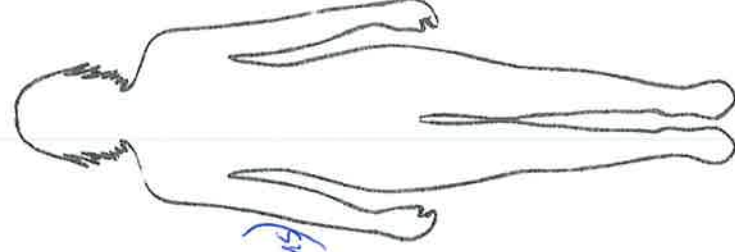


Front

Back



10J/cm², BURST X
2 PASSES
(PIGMENTED UNDERARMS)



Circle areas to be treated:

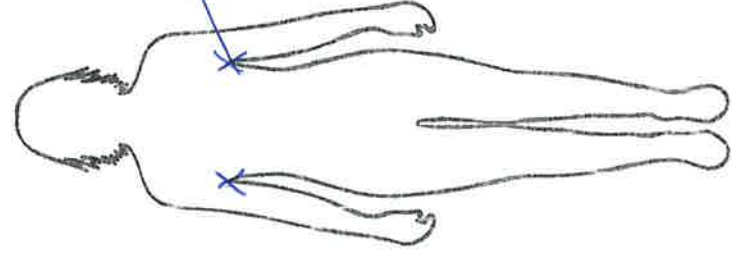
Other _____

10/6/2018

START TIME: 11:15 AM
END TIME: 11:30 AM

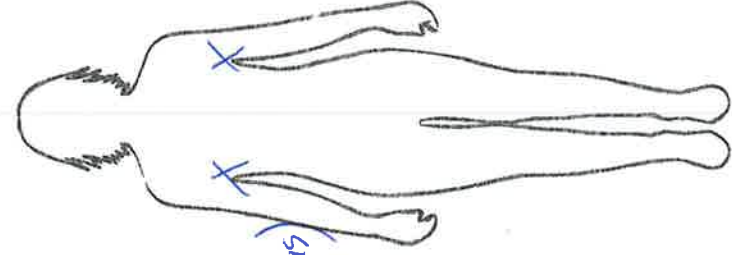


Front



12 J/cm² BURST X 2
PASES
(PIGMENTED UNDERARMUS)

Back



REDAD DATA

cAEAlOEBAA83ODQxO*

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	Sondos,Hussein,Aref,Mesleh	IDN:	784199362164800	Mother Name:	
Name (Ar)	سندوس حسين عارف مصليح	Card Number:	088019034	Mother Name (Ar):	
Title:		Nationality:	JOR	Family ID:	
Title (Ar):		Nationality (Ar):	الأردن		
Issue Date:	06/03/2018	Sex:	F	Sponsor Type:	06
Expiry Date:	04/03/2020	Date of Birth:	10/03/1993	Sponsor Name:	انفاى ار اى تربيخ - م م ح - المنطقه الحره بعضان
Marital Status:	01	Husband IDN:		Sponsor Number:	00
Residency Type:	07	Residency Number:	40120187002827	Residency Expiry:	04/03/2020
ID Type:	IL	Occupation:	02	Occupation Field:	00



Photo

Signature Image

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

5/8/2018



مركز أوركيذ الطبي
ORCHID MEDICAL CENTER

AED 100.00	RECEIPT VOUCHER (No.REC-000607)	Date:08-05-2018
Receive from Mr./Mrs./M/s. 1000531 - SONDOS HUSSEIN - 97155737390		
The sum of Dhs. One Hundred Only		
By Cash 100.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 08-05-2018
Being		
Made by Ghada KC		

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



مركز أوركيذ الطبي
ORCHID MEDICAL CENTER

105.00

RECEIPT VOUCHER (No.REC-000742)

Date:10-06-2018

Receive from Mr./Mrs./M/s. 1000531 - SONDOS HUSSEIN - 9715573790

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: 10-06-2018

Being

Made by **Ghada**

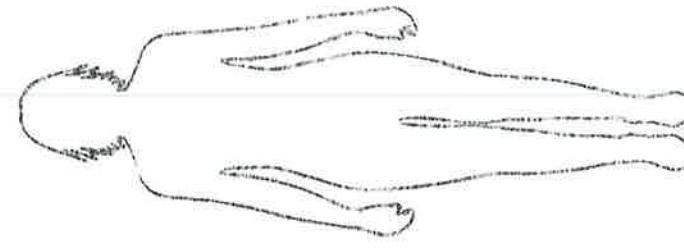
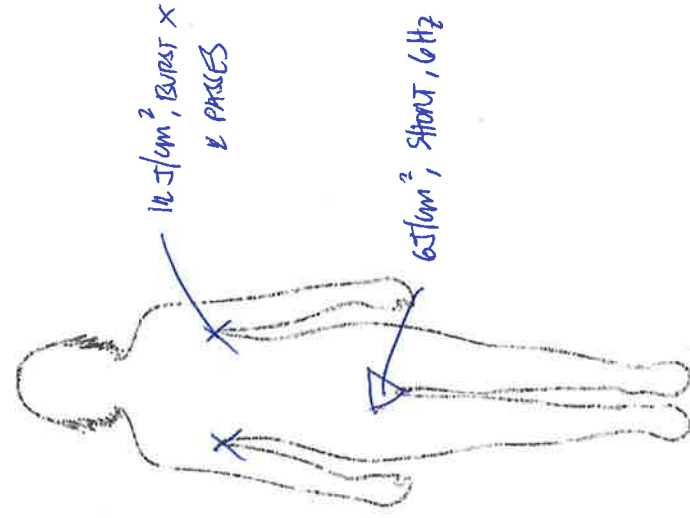
Tel : + 9716 555 8337, Fax: + 9716 528 8130, e - mail : info@omc1.ae
www.omc1.ae

Circle areas to be treated:

Other _____

14/7/2018

LHR UNDER ARM +
BIKINI (FRONT)





مركز أوركيديك الطبي
ORCHID MEDICAL CENTER

367.50

RECEIPT VOUCHER (No.REC-000896)

Date:14-07-2018

Receive from Mr./Mrs./M/s. 1000531 - SONDOS HUSSEIN - 971557373790

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: 14-07-2018

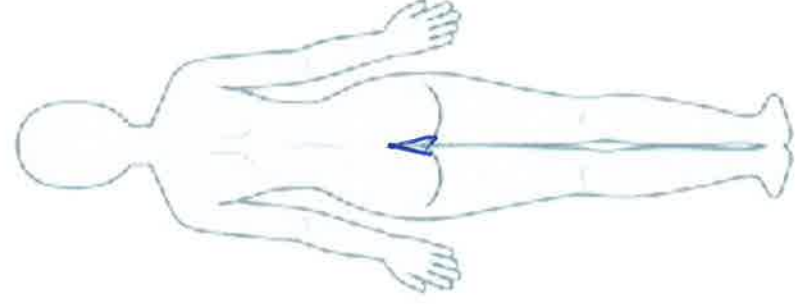
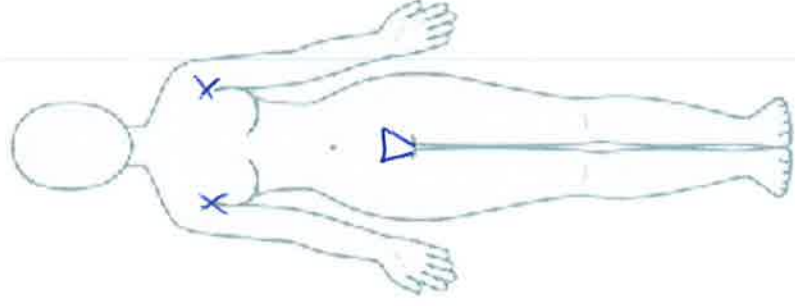
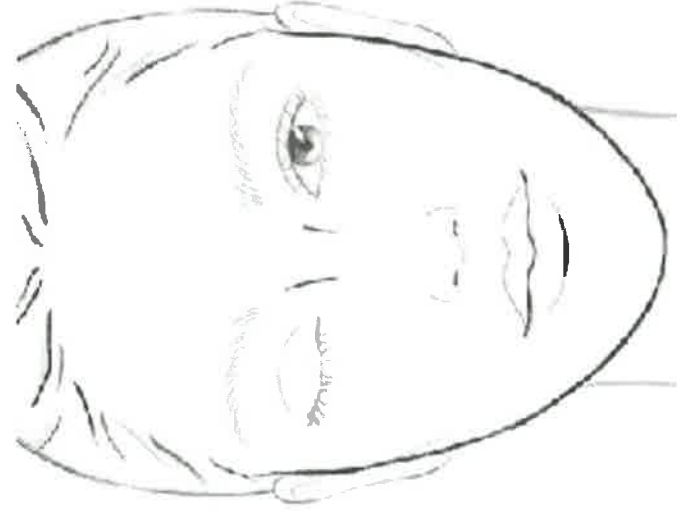
Being

Made by Ghada

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

www.omcl.ae

Patient's Name: **SONDOS AHMED** **اسم المريض**
 File Number: **1000331** **رقم الملف**
 Pain Relief given? Yes / No **Evaluation and consent form completed? Yes / No**
 **Pretreatment photography taken? Yes / No**



	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Treatment Date	26/9/18	7/11/18				
Treatment Area	UNDERARM	UNDERARM BIKINI				
Hair Type	DARK, COARSE	DARK, COARSE				
Mode	DP-I	NO-AG				
Fluence	12-14um ²	16-18 UNDERARM / BIKINI				
Pulse Type	BURST	HT				
CNT Pulse						
Passes	2	1				
Starting Time	2:50 PM	2:30 PM				
Finish Time	3 PM	3 PM				
Post-Treatment	METRO	METRO				

Therapist Name and Signature **SHESIE JANI**



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

105.00

RECEIPT VOUCHER (No.REC-001323)

Date:26-09-2018

Receive from Mr./Mrs./M/s. 1000531 - SONDOS HUSSEIN - 971557373790

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: 26-09-2018

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

367.50

RECEIPT VOUCHER (No.REC-001632)

Date:07-11-2018

Receive from Mr./Mrs./M/s. 1000531 - SONDOS HUSSEIN - 971557373790


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: 07-11-2018

Being

Made by  **S. Hussein**

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