

File No#: 1000550

Date: 12/05/18

Patient Name: CLARA LYU

اسم المريض:

Date of Birth (تاريخ الميلاد): 1960

Gender (الجنس): M / F

Nationality (الجنسية): U.S.A

Occupation (الوظيفة): Dentist

Marital Status (الحالة الاجتماعية): MARRIED

Phone No. (رقم الهاتف): 0567886643

EMAIL: Deloreandubai@Yahoo.com

0566440019

How Did You Know About Us? Abdulla Shafi - wife

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 ظهرة 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" / الايسوترتينوين " خلال الست أشهر الماضية؟ نعم لا

5- هل استخدمت عقار " ريتين اي " أو منتجات حمض الجلاريك أو الهيدروكورتون (مادة مبيضة) في منطقة العلاج ؟

نعم لا

إقرار طبي لعملية إزالة الشعر بالليزر

أقر أنا كهدية بسام حنا بقدمي إلى مركز أوركيد الطبي / الشارقة لإزالة الشعر الغير مرغوب فيه باستخدام جهاز الليزر المتوفر.

أتفهم أن أشعة الليزر تنتج طيفاً من الضوء الذي يولد طاقة ذات طول موجي معين يتم امتصاصها من الأصباغ الموجودة في بصليات الشعر و تعطل قدرتها على إنماء الشعر.

أتفهم أن النتائج تختلف من شخص لآخر باختلاف تاريخهم الطبي ونوع بشرتهم ونوع الشعر و التزام المريض مع تعليمات ما قبل وبعد العلاج بالليزر و إختلاف استجابة الأشخاص للعلاج. وأنا على علم بالطرق البديلة لإزالة الشعر كالحقن , التنف , الكريمات, وإزالة بالشمع و الكي. و اني اخترت إزالة الشعر بالليزر .

تقد تقيت التعليمات التالية :-

- لا يسمح بالتسمير او استخدام مستحضرات تسمير البشرة لمدة 4-6 أسابيع قبل وبعد العلاج لتفادي زيادة الأعراض الجانبية.
- يجب تفادي إزالة الشعر بالشمع او التنف قبل العلاج ب6 أسابيع على الأقل.
- الوشوم/التاتو والمكياج الدائم في منطقة العلاج قد تتأثر بالعلاج بالليزر.
- يجب إعطاء التاريخ الطبي كاملا ويشمل ذلك على العلاجات والحساسية ونوع البشرة.
- الأشخاص الذين تناولو عقار الأكيوتان خلال الست أشهر الماضية أو تناولو أي عقاقير تمنعهم من التعرض إلى أشعة الشمس لا يمكنهم إزالة الشعر بالليزر.

الأعراض الجانبية قد تتضمن احمرار البشرة بما يشبه الحروق. بعض الإنتفاخ والتشقق من الممكن حدوثه هذه الأعراض الجانبية ستلاشي خلال بضع ساعات أو عدة أيام بعد العلاج. نقص أو زيادة التصبغات ليست بالأمر الشائع ونادرا ما تدوم. وينصح بعدم التعرض لأشعة الشمس و استخدام واقيات الشمس.

Circle areas to be treated:

Other _____

12/5/2018

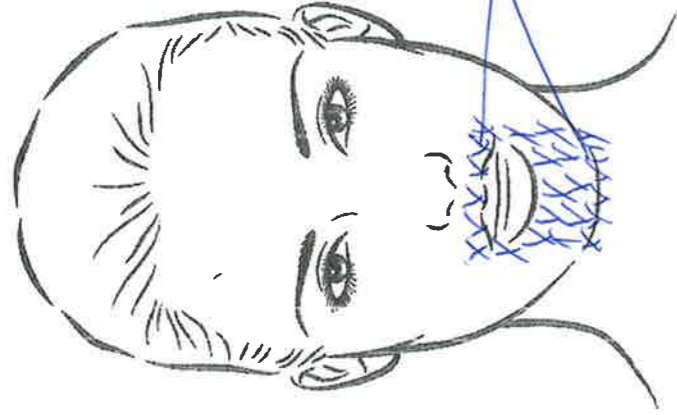
LHR Full Body

START TIME: 12:30 PM

END TIME: 2:45 PM

* NO BIKINI

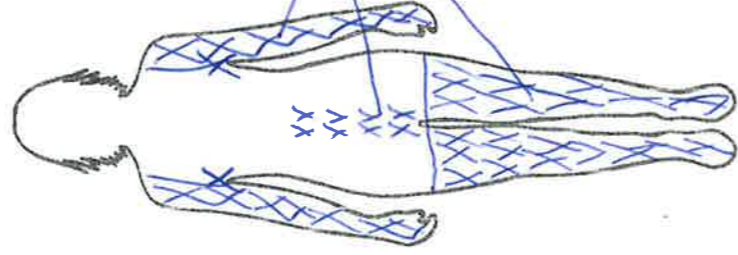
* NO BACK



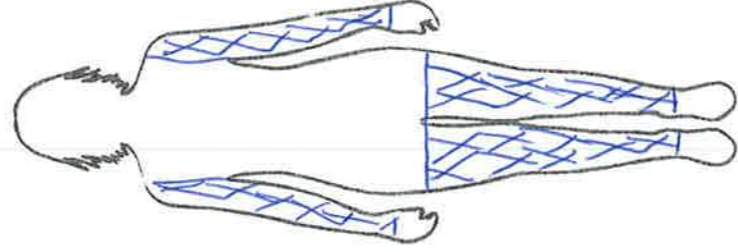
16 J/cm², SHOT X 2 PASSES

Front

Back



20 J/cm², SHOT X 2 PASSES





17490

Doctor's Name : DR. HALIM MARRAWI

Patient's Name : GIARA LYNN

Clinic : ORCID MEDICAL CENTRE

Sent Date : 18/10/18

Return Date :

Age :

F M

Dr. Sign

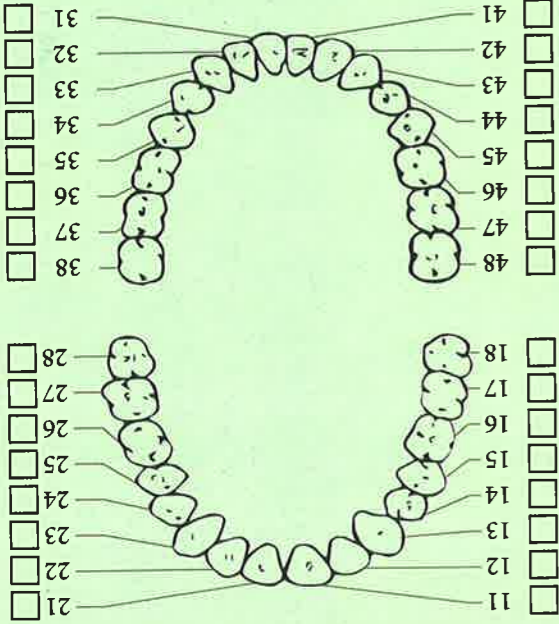
Clinic Stamp

PONTIC DESIGN



- ZIRCONIA
- PFM
- EMAX
- VENEER
- NON-PREP VENEER
- WORK TYPE
- CROWN/BRIDGE
- INLAY/ONLAY
- POST
- TELESCOPIC
- MARYLAND BRIDGE
- OTHER
- NIGHT GUARD
- DIAGNOSTIC WAX UP
- ORTHO
- DENTURE

SHADE :



Note : For any urgent cases extra charge 30 to 50% of the value of the case so that we can serve you better

BLEACHING TRAYS

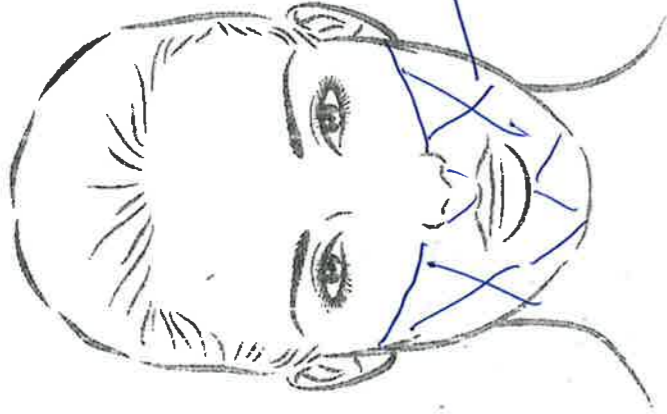
DOCTOR NOTE

Circle areas to be treated:

Other

12 JUNE 2018

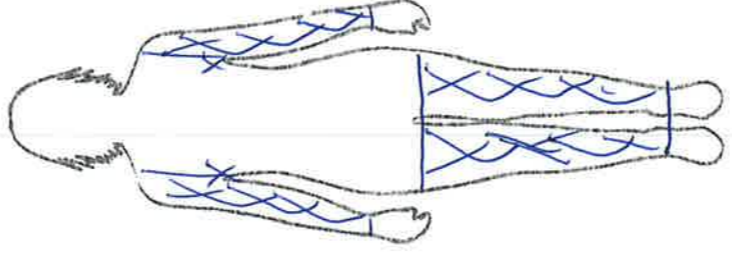
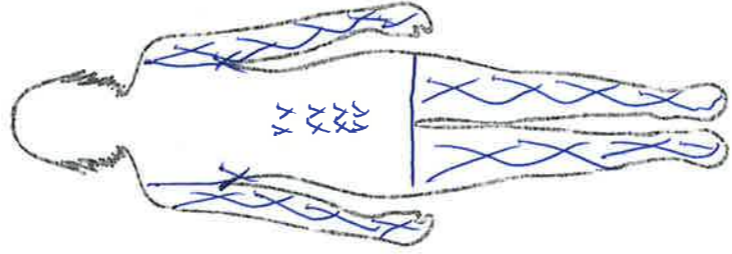
DP 1 MODE
Full BODY LHR
20 J/cm², SHORT, 3 Hz
x 2 PASSES



16 J/cm², SHORT, 3 Hz
x 2 PASSES

Front


Back




FILE NO#:

PATIENT NAME:

DATE	TREATMENT	PAYMENT	SIGNATURE
12/5/18	1HR FULL BODY PACKAGE		
31/5/18	1HR FULL BODY PACKAGE PAYMENT CARLSON PEEL PACKAGE OF 3 (900 AED)		
14/6/18	1st SESSION DONE FL200, Q550, PTP600 2nd SESSION of Full BODY PACKAGE DPI MODE 10J/cm ² , SPOT, 3 1/2 X 2 PASSES	0	
1/6/18	2nd SESSION of CARLSON PEEL DONE FL200, Q480, PTP 600	0	
20/6/18	Paid balance for Carbon	400	
27/7/18	CARBON PEEL FL250, Q500, PTP600	1000	
12/7/18	3rd SESSION of FULL BODY PACKAGE	1800	
9/8/18	4th SESSION of 1HR	1200	
6/9/2018	Zoom whitening with home bleaching	0	
2/9/18	5th SESSION of 1HR		Bessie
16/10/18	1HR full body 22J/SPOT x 2 pass.		
18/10/18	taken impression for bleaching trays done.		
26/11/18	1HR full body Alex 7J/15ms.		
24/12/18	1HR Full BODY ALEX 80/12ms	900	



مركز اوركيد الطبي
ORCHID MEDICAL CENTER

AED 1,900.00	RECEIPT VOUCHER (No. REC-000627)	Date: 12-05-2018
Receive from Mr./Mrs./M/s. 1000550 - CLARA LYNN . - 971566440019		
The sum of Dhs. One Thousand Nine Hundred Only		
By Cash 1,900.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 12-05-2018
Being		
Made by  KC		

Tel: + 9716 555 8337, Fax: + 9716 528 8130, e - mail: info@ome1.ae

www.ome1.ae





مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 500.00	RECEIPT VOUCHER (No.REC-000705)	Date:31-05-2018
Receive from Mr./Mrs./M/s. 1000550 - CLARA LYNN . - 971566440019		
The sum of Dhs. Five Hundred Only		
By Cash 500.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 31-05-2018
Being		
Issued by Ghada		

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

www.omc1.ae



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 1,000.00	RECEIPT VOUCHER (No.REC-000704)	Date:31-05-2018
Receive from Mr./Mrs./M/s. 1000550 - CLARA LYNN . - 971566440019		
The sum of Dhs. One Thousand Only		
By Cash 1,000.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 31-05-2018
Being AGAINST INVOICE NO: 663 . BAL: 2800 DHS		
Issued by Ghada		

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

Ghada



مركز أوركيديد الطبي
ORCHID MEDICAL CENTER

400.00

RECEIPT VOUCHER (No. REC-000781)

Date: 20-06-2018

Receive from Mr./Mrs./M/s. 1000550 - CLARA LYNN . - 971566440019

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

By Cash 400.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 20-06-2018

Being AGAINST INVOICE NO: 742

Made by Ghada

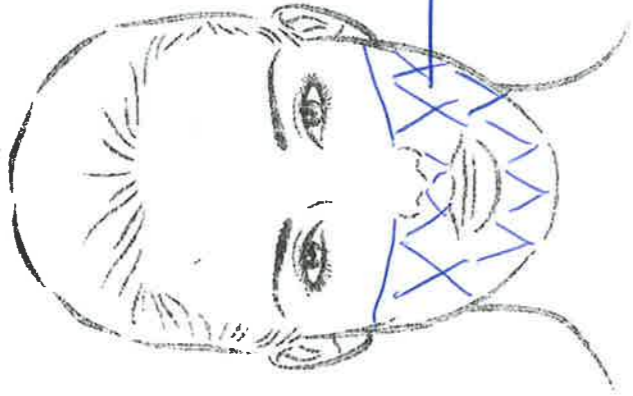
Tel : + 9716 555 8337, Fax: + 9716 528 8130, e - mail : info@omc1.aewww.omc1.ae

Circle areas to be treated:

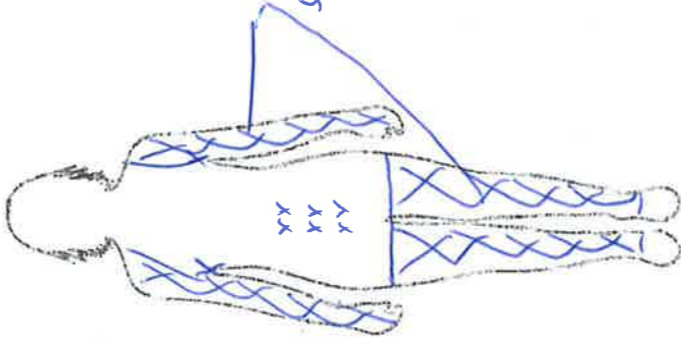
Other

8/02/17/21

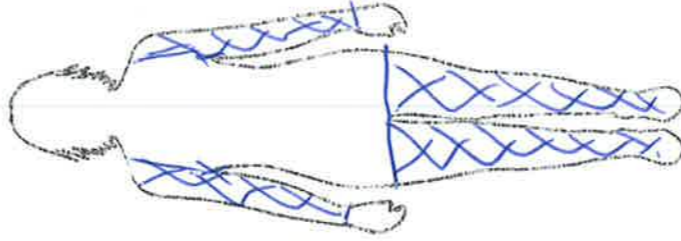
LHR Full Body



Front



Back





مركز أوركيد الطبي
ORCHID MEDICAL CENTER

1,000.00

RECEIPT VOUCHER (No.REC-000893)

Date:12-07-2018

Receive from Mr./Mrs./M/s. 1000550 - CLARA LYNN . - 971566440019

The sum of Dhs. One Thousand Dirhams and Zero Fils Only

By Cash 1,000.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 12-07-2018

Being AGAINST INVOICE NO : 663

Made by Ghada

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

1,800.00

RECEIPT VOUCHER (No.REC-001019)

Date:09-08-2018

Receive from Mr./Mrs./M/s. 1000550 - CLARA LYNN . - 971566440019

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

By Cash 1,800.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 09-08-2018

Being AGAINST INVOICE NO: 663 (NO BALANCE)

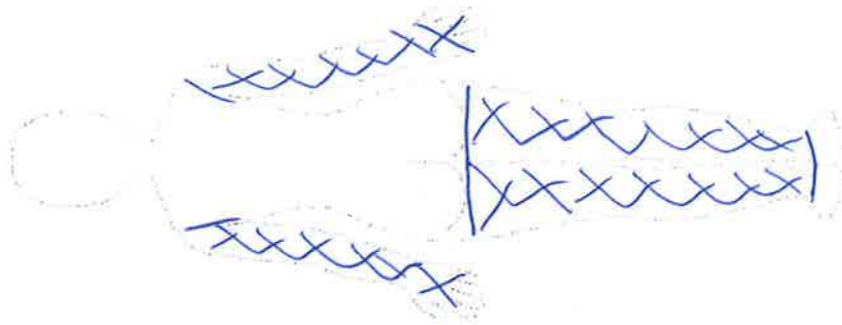
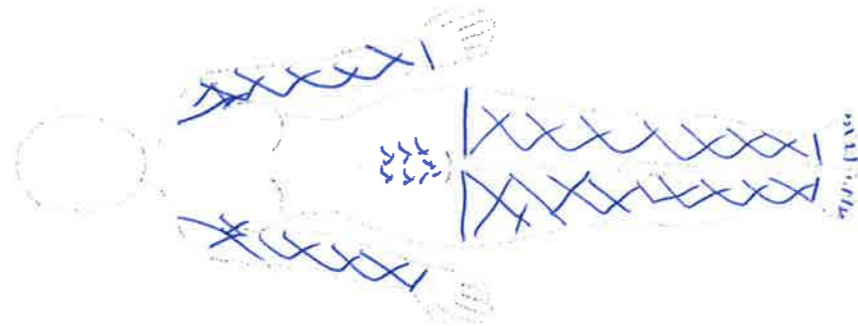
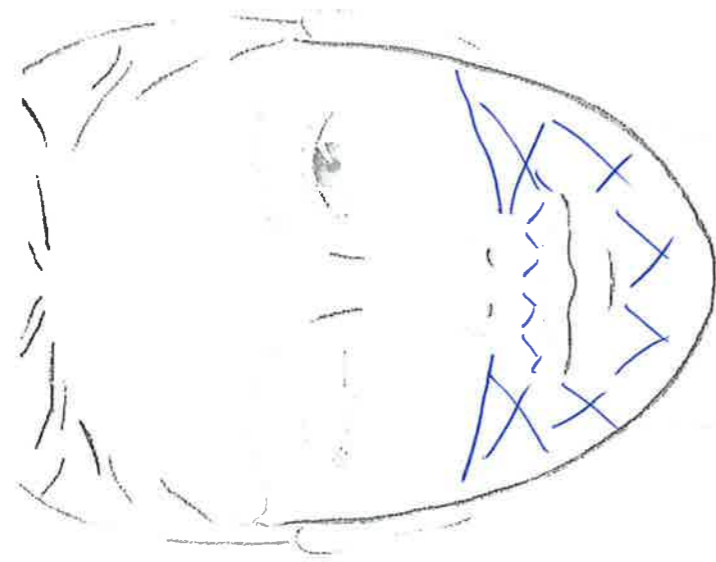
Made by Ghada

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www.omc1.ae**

Patient's Name: CHATA LYNN
 File Number: 1000330

رقم المريض:
 Evaluation and consent form completed? Yes / No
 Pain Relief given? Yes / No

رقم الملف:
 Pretreatment photography taken? Yes / No



Treatment Date	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Treatment Area	Full BODY	Full body	Full body	Full body	Full body	Full body
Hair Type	DPK, COURSE	DPK, course	Dark. Medium	Medium/Dark	MIDPARK (BLEND)	
Mode	DP1	DP1	DPI	Alex	AFBY	
Fluence	80 J/cm ²	90 J/cm ²	22 J/cm ²	7 J/cm ²	8 J/cm ²	
Pulse Type	SHORT	SHORT	SHORT	7 J/cm ²	8 J/cm ²	
CNT Pulse						
Passes	2	2	2 Passes	1	1	
Starting Time	1 PM	10:15 AM	4 PM	12:05	11 AM	
Finish Time	3 PM	12:50 PM	5:30 PM	12:55 N	12:11	
Post Treatment						

Therapist Name and Signature: BESSIE JANE *Bessie Jane*



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

1,260.00

RECEIPT VOUCHER (No.REC-001187)

Date:06-09-2018

Receive from Mr./Mrs./M/s. 1000550 - CLARA LYNN - 971566440019

The sum of Dhs. One Thousand Two Hundred Sixty Dirhams and Zero Fils Only

By Cash 1,260.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 06-09-2018

Being

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 170.50

RECEIPT VOUCHER

No: REC-001810

Date: 26-11-2018

Receive from Mr./Mrs./M/s. 1000550 - CLARA LYNN - 971566440019

The sum of Dhs. One Hundred Seventy and Five Fils Only

By Cash 170.50 / By Credit Card 0.00 (Bank Charges: 0.00) / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No. Date:

Being ADVANCE FOR SECOND SESSIONS FULL BODY OFFER 790 AED

Made by Ghada

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

829.50

RECEIPT VOUCHER (No.REC-001809)

Date:26-11-2018

Receive from Mr./Mrs./M/s. 1000550 - CLARA LYNN - 971566440019

The sum of Dhs. Eight Hundred Twenty-Nine Dirhams and Fifty Fils Only

By Cash 829.50 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 26-11-2018

Being

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www.omc1.ae

ORCHID MEDICAL CENTER
SPECIAL PACKAGE TREATMENT FOLLOW UP FORM

PATIENT NAME: CLARA LYNN

FILE #: 1000570
FILE DATE: 12/05/18

NAME OF PACKAGE: LHR FULL BODY

NO: SESSION	DATE	TREATMENT NAME	SIGNATURE OF DOCTOR/TECHNICIAN
1	DATE: 12/5/18	LHR FULL BODY	<i>[Signature]</i>
2	DATE: 12/6/18	LHR FULL BODY	<i>[Signature]</i>
3	DATE: 12/7/18	LHR FULL BODY	<i>[Signature]</i>
4	DATE: 8/8/18	LHR FULL BODY	<i>[Signature]</i>
5	DATE: 8/9/18	LHR FULL BODY	<i>[Signature]</i>
6	DATE: 17/10/18	LHR FULL BODY	<i>[Signature]</i>
7	DATE:		
8	DATE:		10/10/18
9	DATE:		
10	DATE:		
11	DATE:		

TOTAL NO: OF SESSIONS: 6
TREATMENT START DATE: 12/05/18
TREATMENT END DATE: 10/10/18

ORCHID MEDICAL CENTER
SPECIAL PACKAGE TREATMENT FOLLOW UP FORM

PATIENT NAME: CLARA LYNN

FILE #: 1000550
FILE DATE: 3/5/18

NAME OF PACKAGE: CARBON PEEL X3

NO: SESSION	DATE	TREATMENT NAME	SIGNATURE OF DOCTOR/TECHNICIAN
1	DATE: 3/5/18	CARBON PEEL	<i>[Signature]</i>
2	DATE: 18/6/18	CARBON PEEL	<i>[Signature]</i>
3	DATE: 2/7/18	CARBON PEEL	<i>[Signature]</i>
4	DATE:		
5	DATE:		
6	DATE:		
7	DATE:		
8	DATE:		
9	DATE:		
10	DATE:		
11	DATE:		

TOTAL NO: OF SESSIONS: 3
TREATMENT START DATE: 3/5/18
TREATMENT END DATE: 2/7/18



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 945.00

RECEIPT VOUCHER (No.REC-003068)

Date:25-03-2019

Receive from Mr./Mrs./M/s. 1000550 - CLARA LYNN - 971566440019

The sum of Dhs. **Nine Hundred Forty-Five Dirhams and Zero Fils Only**By Cash **0.00** / By Credit Card **774.50** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **170.50**

Bank: Cheque No.

Date: 25-03-2019

Being **FULL BODY + 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 : 1000550 - CLARA LYNN - 971566440019

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 892.50

RECEIPT VOUCHER (No. REC-003524)

Date: 01-05-2019

Receive from Mr./Mrs./M/s. 1000550 - CLARA LYNN - 971566440019

The sum of Dhs. **Eight Hundred Ninety-Two Dirhams and Fifty Fils Only**By Cash **892.50** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 01-05-2019

Being **FULL BODY + 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 : 1000550 - CLARA LYNN - 971566440019

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