

File No#: 1000 561

Date: 14/1/2018

Patient Name: Shahzad aslam

اسم المريض:

Date of Birth (تاريخ الميلاد): 7/12/1987

Gender (الجنس): M / F

Nationality (الجنسية): Pakistan

Occupation (الوظيفة):

Marital Status (الحالة الاجتماعية):

Phone No. (رقم الهاتف): 055 5612384

E. MAIL:

How Did You Know About Us?

التاريخ الطبي للعلاج بالليزر

*يرجى الإجابة على الأسئلة التالية بدقة:-

- 1- ما هو الوصف الأنسب لنوع بشرتك؟
1 - دائمة الاحتراق , قليلة الاسمرار
2- دائمة الاحتراق , عديمة 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 الحمى أو التقرحات في منطقة العلاج؟ نعم لا
- 4- هل تناولت عقار "الأكبوتان / الايسوترتينونين" خلال الست أشهر الماضية؟ نعم لا
- 5- هل استخدمت عقار " ريتين أي " أو منتجات حمض الجلاليكوليك أو الهيدروكورتون (مادة مبيضة) في منطقة العلاج؟
نعم لا

Laser Hair Removal Patient Consent

I consent to the use of VIKINI DIODE at the Orchid medical center, Sharjah for the removal of unwanted hair.

I understand that the laser produces a focused beam of light that generates a wavelength of energy that is selectively absorbed by the pigment in the hair follicle. The absorption produces heat, which damages the hair follicle and diminishes its ability to grow hair.

Clinical results may vary depending on individual factors, including medical history, skin and hair type, patient compliance with pre/post treatment instructions, and individual response to treatment. I am aware of alternative methods of hair removal such as shaving, plucking, depilatory creams, waxing and electrolysis. I have made an informed decision to proceed with laser hair removal.

The following points need be paid attention:

- . No tanning or self-tanning creams for 4-6 weeks prior to and after treatments due to increased side effects.
- . Waxing and plucking should be avoided for 6 weeks prior to treatment.
- . Tattoos and permanent makeup in the treatment area can be altered with laser treatments.
- . A complete medical history is to be completed including medication, allergies and skin type.
- . Individuals who have used Accutane within the past 6 months or who used any medication requiring limited exposure to sunlight are not good candidates for VIKINI procedure.

Skin effects will possibly include temporary redness similar to a sunburn. Some swelling and light crusting may occur. These side effects should resolve within a few hours to several days following treatment. Hypopigmentation or hyperpigmentation is uncommon and rarely permanent. Sun avoidance and use of sunscreen is recommended.

I consent to the taking of photographs and their anonymous use for the purpose medical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form. I have received a copy of the pre/post treatment instruction and agree to comply. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal having legal custody will also be required before treatment.

Date: 14/05/2018
Printed name: Shahzad Aslam

Patient signature: 

Patient/legal guardian (for minors under age 18): _____

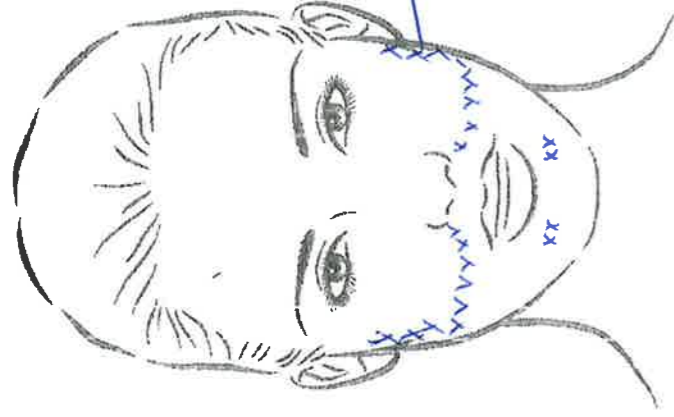
Witness: _____

Circle areas to be treated:

Other _____

14 MAY 2018

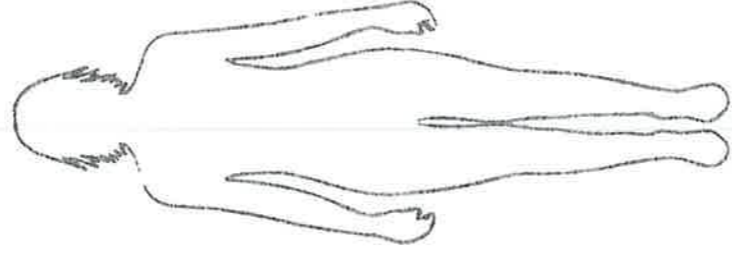
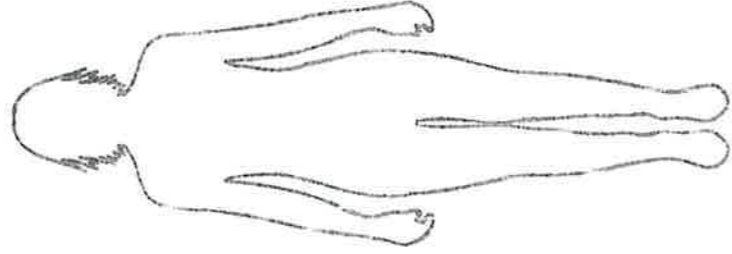
START TIME: 2:00AM
END TIME: 2:20AM
LHR BEARO VINES



107/cm², BURST X 2 PASSES
(PIGMENTED SKIN)
APPLIED FUCIDIN CREAM POST
TREATMENT

Front

Back



Circle areas to be treated:

Other

9 JUNE 2018

START TIME: 8:50 AM

END TIME: 9:10 PM

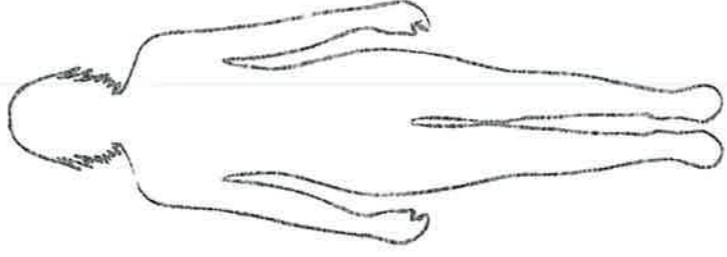
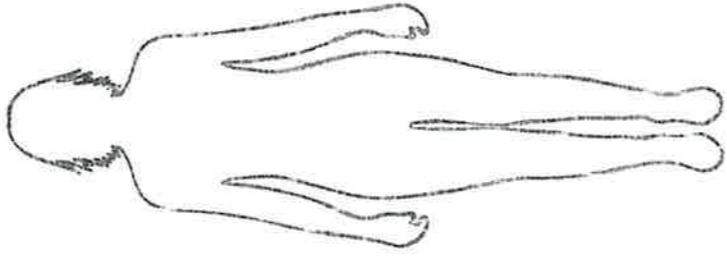
WHL BEARD LINES



14 J/cm², BURST x 2 PASSES
(PIGMENTED SKIN)
FUICIDIN CREAM + ADVANTAN CREAM
POST TREATMENT

Front

Back



RĒDAD DATA
cAEAlOEBA830DQXO
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	Shahzad Aslam, Muhammad Aslam	IDN:	784198782549764	Mother Name:	
Name (Ar)	شہزاد اسلم، محمد اسلم	Card Number:	088327798	Mother Name (Ar):	
Title		Nationality:	PAK	Family ID:	
Title (Ar)		Nationality (Ar):	پاکستان		
Issue Date:	26/03/2018	Sex:	M	Sponsor Type:	15
Expiry Date:	10/03/2020	Date of Birth:	07/12/1987	Sponsor Name:	
Marital Status:	02	Husband IDN:		Sponsor Number:	00
Residency Type:	02	Residency Number:	20120182067815	Residency Expiry:	10/03/2020
ID Type:	IL	Occupation:	5113	Occupation Field:	00



Photo

Signature Image

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

5/14/2018



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

105.00

RECEIPT VOUCHER (No.REC-000740)

Date:09-06-2018

Receive from Mr./Mrs./M/s. 1000561 - SHAHZAD ASLAM - 971555612384

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

By Cash 0.00 / By Credit Card 105.00 / 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

AED 100.00	RECEIPT VOUCHER (No.REC-000645)	Date:14-05-2018
Receive from Mr./Mrs./M/s. 1000561 - SHAHZAD ASLAM - 971555612384		
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: 14-05-2018
Being		
Made by Ghada KC		

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