

File No#: 1000547

Date: 20/05/18

Patient Name: INAS ZAKI

اسم المريض:

Date of Birth (تاريخ الميلاد): 15/05/1997

Gender (الجنس): M / F

Nationality (الجنسية): GERMANY

Occupation (الوظيفة):

Marital Status (الحالة الاجتماعية):

Phone No. (رقم الهاتف): 0557751800

MAIL: _____

How Did You Know About Us? _____

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 / 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 ___

إقرار طبي لعملية إزالة الشعر بالليزر

أقر أنا ياسمين زكي / Mas Zaki بقدمي إلى مركز أوركيد الطبي / الشارقة لإزالة الشعر الغير مرغوب فيه باستخدام جهاز الليزر المتوفر.

أتفهم أن أشعة الليزر تنتج طيفا من الضوء الذي يولد طاقة ذات طول موجي معين يتم امتصاصها من الأصابع 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 كالحلق , التنف , الكريمات , وإزالة بالشمع و الكي. و اني اخترت إزالة الشعر بالليزر .

لقد تلقيت 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 الاقل.

. 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.

الإعراض 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

www.orchidmedicalcenter.com

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	Inas,,,Zaki	IDN:	784199741326534	Mother Name:	
Name (Ar)	ايناس,,,زكي	Card Number:	081974124	Mother Name (Ar):	
Title:		Nationality:	DEU	Family ID:	
Title(Ar):		Nationality (Ar):	المانيا		
Issue Date:	06/02/2017	Sex:	F	Sponsor Type:	03
Expiry Date:	08/12/2019	Date of Birth:	15/05/1997	Sponsor Name:	عبد الرحمن محمد زكي
Marital Status:	01	Husband IDN:		Sponsor Number:	10519789
Residency Type:	03	Residency Number:	20120053057329	Residency Expiry:	08/12/2019
ID Type:	IL	Occupation:	11	Occupation Field:	00



Photo

Signature Image

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

5/20/2018

Circle areas to be treated:

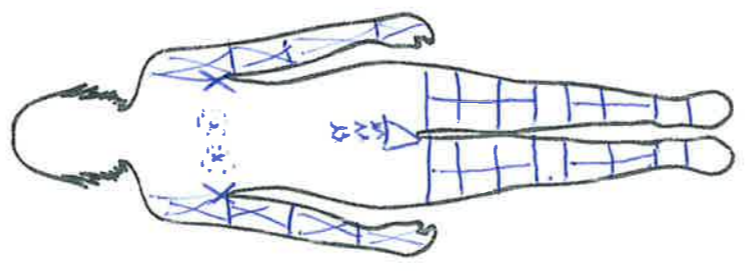
Other _____

20 MAY 2018

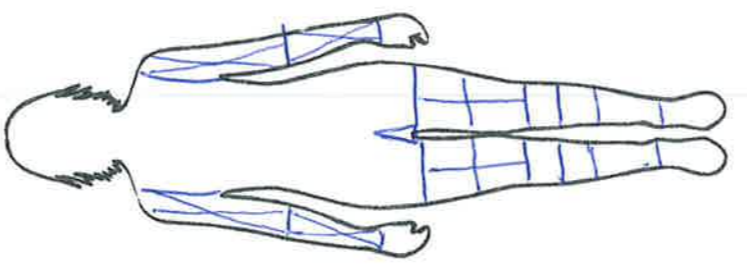


LHC FULL BODY WITHOUT FACE,
BACK, FRONT
FDP MODE
8 J/cm², SHORT, 8.0 Hz

Front



Back



Circle areas to be treated:

Other

20 JUNE 2018

LHR FULL BODY WITHOUT

FACE, BACK, FRONT

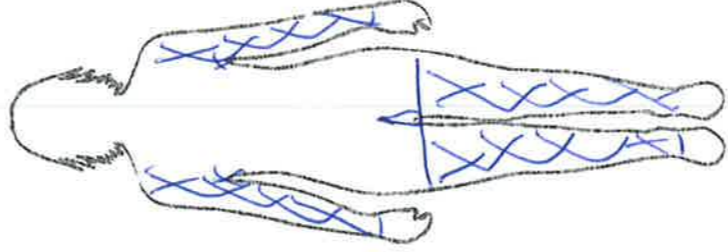
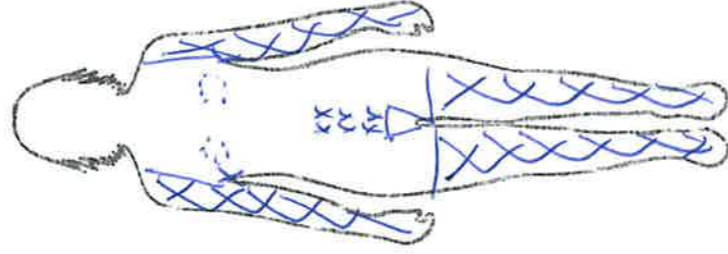
FOP MODE

10 J/cm², SHORT, 8 Hz



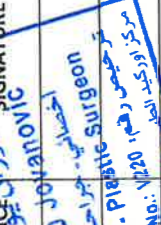
Front

Back



PATIENT NAME:

FILE NO#:

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
20/5/2018	LHR Full BODY (FDP MODE)	950		 Dr. Gerges J. Gerges Specialist - Plastic Surgeon MOH License No.: 4220 Orchid Medical Centre
20/6/18	PAID (2 sessions) 1900.00 LHR Full BODY (FDP MODE)			
23/7/18	LHR Full BODY	950	47.5	free
6/8/18	LHR Full Body DPI 247/SHORT	0		free
13/10/18	LHR Bikini (out) PENDING	0		free
10/1/18	LHR Full Body (bikini pending)	950	0	free
	Alex 8J/15ms (Type-3)			
	groin area done 7J/24ms.			
17/11	Bikini done ND tag - 16J/20ms (16 spot)			free
29/12/18	LHR Full BODY	950		free
9-3-19	full body			free
8-06-19	LHR Full BODY (D)			free
24/08/19	LHR full body (D)			free
23/11/19	LHR full body (D)			free
14/2/20	LHR full body (D)			free


 Dr. Wesam Marwan Al-Tabaga
 Dermatology specialist
 MOH License No.: V826
 Orchid Medical Centre

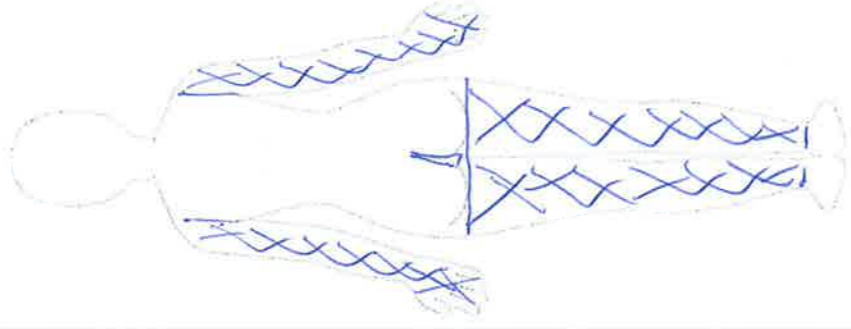
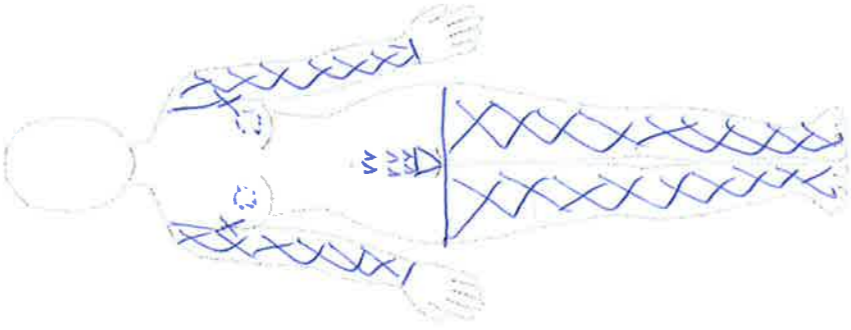
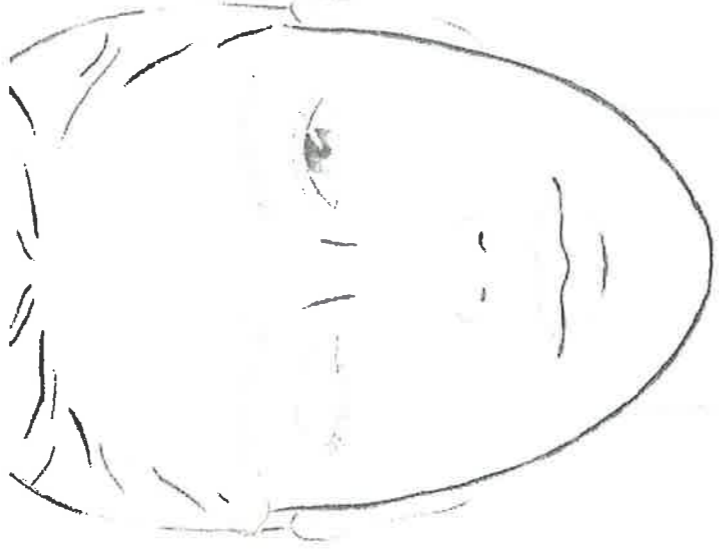


مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 1,900.00	RECEIPT VOUCHER (No.REC-000665)	Date:20-05-2018
Receive from Mr./Mrs./M/s. 1000577 - INAS ZAKI - 971557751800		
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: 20-05-2018
Being		
Made by Najia KC		

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

Patient's Name: INAS ZAKI
 File Number: 1000537
 Pain Relief given? Yes / No
 Evaluation and consent form completed? Yes / No
 Pretreatment photography taken? Yes / No



Treatment Date	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Treatment Area	23/7/18	6/10/18	5/10/18	10/11/18	29/12/18	9/3/19
Hair Type	FULL BODY	Full Body	BIKINI	Full body.	Full Body	Full Body
Mode	DMK, course	Thick Dark	BIKINI	Full body.	THIN	THIN
Fluence	FDP	DPI	THIN, DMK	Thick Dark.	MX	MX
Pulse Type	10 J/cm ² , 8Hz	24J	FDP	Alex	8J/10	8J/10
CNT Pulse	SHORT	START	105/cm ²	15ms/8J		13J/10
Passes	1	2 Passes	1	12-20PD	12:30PM	3:15PM
Starting Time	2:36 PM	6:30 PM	1:45 PM	1:20 PM	1:30 PM	4:20 PM
Finish Time	4:40 PM	8 PM	2 PM			
Post Treatment		* BIKINI PENDING	* BIKINI PENDING	* bikini pending	AESSE	AESSE
Therapist Name and Signature	Done on 17/11/18 ND Yag - 16/20 (16 spot)					

Therapist Name and Signature: MESSE



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

950.00

RECEIPT VOUCHER (No. REC-000946)

Date: 23-07-2018

Receive from Mr./Mrs./M/s. 1000577 - INAS ZAKI - 971557751800

The sum of Dhs. **Nine Hundred Fifty Dirhams and Zero Fils Only**By Cash **950.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 23-07-2018

Being

Made by Ghada 

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www.omc1.ae



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

47.50

RECEIPT VOUCHER (No.REC-001385)

Date:06-10-2018

Receive from Mr./Mrs./M/s. 1000577 - INAS ZAKI - 971557751800

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

By Cash 47.50 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 06-10-2018

Being AGAINST INVOICE NO : 2159

Made by Ghada

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

997.50

RECEIPT VOUCHER (No. REC-001386)

Date: 06-10-2018

Receive from Mr./Mrs./M/s. 1000577 - INAS ZAKI - 971557751800

The sum of Dhs. **Nine Hundred Ninety-Seven Dirhams and Fifty Fils Only**By Cash **997.50** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 06-10-2018

Being

Made by Ghada

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 200.00

RECEIPT VOUCHER

No: REC-001387

Date: 06-10-2018

Receive from Mr./Mrs./M/s. 1000577 - INAS ZAKI - 971557751800

The sum of Dhs. **Two Hundred Only**By Cash **55.00** / By Credit Card **145.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

Being **ADVANCE FOR FULL BODY PKG LHR**Made by Ghada 

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www.omc1.ae



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

997.50

RECEIPT VOUCHER (No.REC-001654)

Date:10-11-2018

Receive from Mr./Mrs./M/s. 1000577 - INAS ZAKI - 971557751800

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

By Cash 0.00 / By Credit Card 997.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 10-11-2018

Being

Made by Ghada

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www.omc1.ae



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

997.50

RECEIPT VOUCHER (No.REC-002098)

Date:29-12-2018

Receive from Mr./Mrs./M/s. 1000577 - INAS ZAKI - 971557751800

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

By Cash 0.00 / By Credit Card 997.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 29-12-2018

Being

Made by Ghada 

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www.omc1.ae



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

997.50

RECEIPT VOUCHER (No. REC-002895)

Date: 09-03-2019

Receive from Mr./Mrs./M/s. 1000577 - INAS ZAKI - 971557751800

The sum of Dhs. **Nine Hundred Ninety-Seven Dirhams and Fifty Fils Only**By Cash **0.00** / By Credit Card **997.50** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

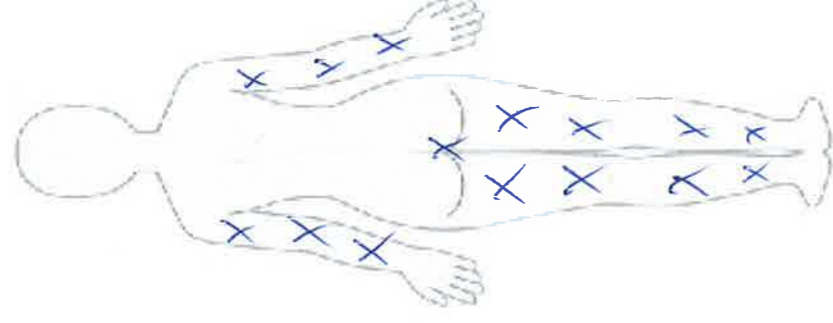
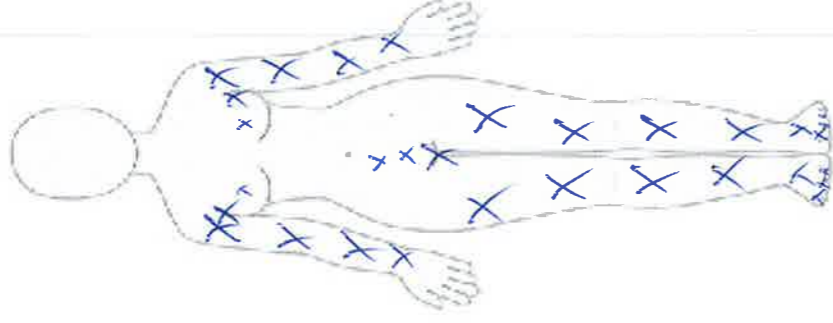
Bank: Cheque No.

Date: 09-03-2019

Being **FULL BODY DEKA**Made by **Rana**

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

Patient's Name: INAS Zaki إسم المريض
 File Number: 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	08/06/19	22/11/19				
Treatment Area	Full body	Full body				
Hair Type	Soft	Soft				
Mode	ALEX-8J/9.5-10	Alex 80				
Fluence	NDTAGI-BT/2ms	9/10ms				
Pulse Type		9/15/17ms				
CNT Pulse		8/10ms				
Passes	1	1				
Starting Time	12:00pm	1:20pm				
Finish Time	1:00pm	2:40pm				
Post Treatment	ME30					

Therapist Name and Signature Alex



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

AED 997.50

RECEIPT VOUCHER (No. REC-003973)

Date: 08-06-2019

Receive from Mr./Mrs./M/s. 1000577 - INAS ZAKI - 971557751800

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

By Cash 0.00 / By Credit Card 997.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 08-06-2019

Being **FULL BODY + VAT**

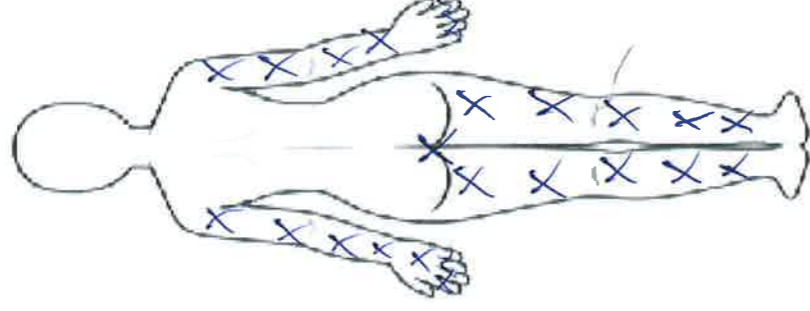
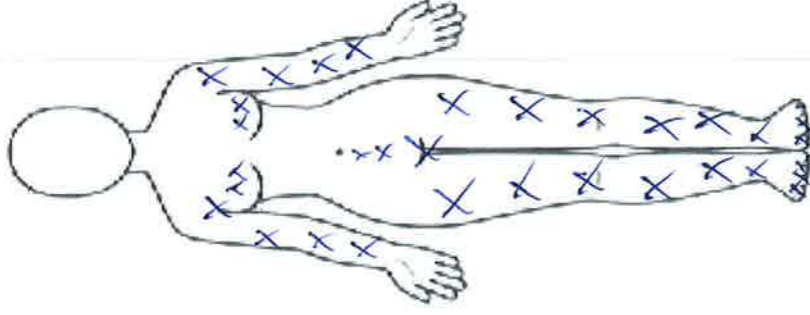
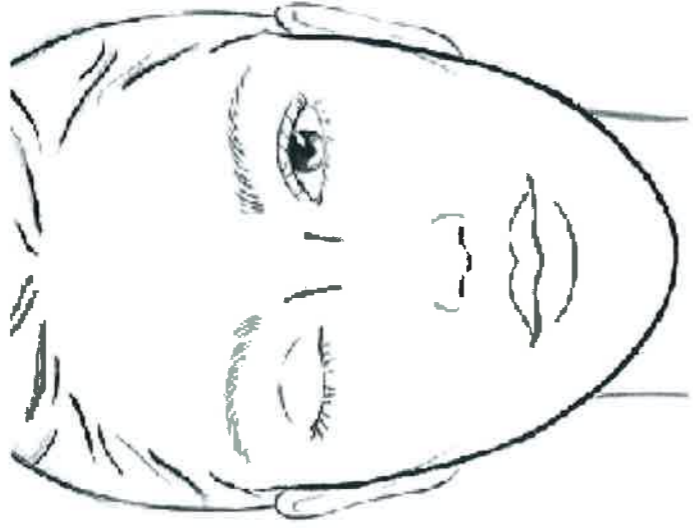
Made by Rana

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 : 1000577 - INAS ZAKI - 971557751800

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

Patient's Name: ANAS Zaki إسم المريض
 File Number: رقم الملف
 Pain Relief given? Yes / No Evaluation and consent form completed? Yes / No
 Pretreatment photography taken? Yes / No Pretreatment photography taken? Yes / No



د. د. د.

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Treatment Date	8-06-19	24-08-19	28/11/20	14/2/20		
Treatment Area	Full body	Full body	Full body	Full body		
Hair Type	Soft	Soft	Soft	Soft		
Mode	ALEX	ALEX	ALEX	Alex 80		
Fluence	85/10.5	87/10-12ms		9/10.5ms		
Pulse Type						
CNT Pulse		Blank - 8r7		Parkin 7/10.5m		
Passes	1	12-		Alex 60		
Starting Time	12pm	12:30pm		6pm		
Finish Time	1pm	1:20pm		7pm		
Post Treatment				Minced		

Therapist Name and Signature

ba



مركز أوركيديد الطبي
ORCHID MEDICAL CENTER

AED 997.50

RECEIPT VOUCHER (No. REC-004832)

Date: 24-08-2019

Receive from Mr./Mrs./M/s. 1000577 - INAS ZAKI - 971557751800

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

By Cash 0.00 / By Credit Card 997.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 24-08-2019

Being FULL BODY + 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 : 1000577 - INAS ZAKI - 971557751800

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مركز أوركييد الطبي
ORCHID MEDICAL CENTER

AED 892.50

RECEIPT VOUCHER (No. REC-006093)

Date: 23-11-2019

Receive from Mr./Mrs./M/s. 1000577 - INAS ZAKI - 971557751800

The sum of Dhs. Eight Hundred Ninety-Two Dirhams and Fifty Fils Only

By Cash 0.00 / By Credit Card 892.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 23-11-2019

Being 1 session full body + vat

Made by Reem

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 : 1000577 - INAS ZAKI - 971557751800

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