

File No#: 1000742 Date: 14/7/2018 اسم المريض: \_\_\_\_\_

Patient Name: Rabia Rasheed Gender (الجنس): M /  F

Date of Birth (تاريخ الميلاد): 19/4/1987 Occupation (الوظيفة): \_\_\_\_\_

Nationality (الجنسية): Pakistan Phone No. (رقم الهاتف): 0504565261

Marital Status (الحالة الاجتماعية): \_\_\_\_\_

Contact Person in Case of Emergency: \_\_\_\_\_

How did you know about us? Google

\*Please answer the following questions:

- Which phrase best describes your skin type?  
 I - Always burns, never tans  
 II - Always burns, sometimes tans  
 III - Sometimes burns, always tans  
 IV - Rarely burns, always tans  
 V - Moderately pigmented
- Do you have a history of keloids or unusual scarring? Yes  No
- Do you have a history of Herpes Simplex (fever blisters, cold sores) recurring in the area to be treated? Yes  No
- Have you been on Accutane (Isotretinoin) in the last 6 months? Yes  No
- Do you use Retin-A, Glycolic Acid products or Hydroquinone (bleaching agent) on the area(s) to be treated? Yes  No
- Have you had waxing, plucking or electrolysis performed on the area(s) to be treated in the last 6 weeks? Yes  No
- When were you last exposed to the sun (including tanning booths)? Daily walking in sunlight.
- Do you use sunless tanning lotions? Yes  No  When was it last applied? \_\_\_\_\_

9. Are you pregnant? Yes  No
10. Have you ever received permanent make-up (eyeliner, lip liner, eyebrow color)?  
Yes  No
11. Do you have any tattoos in the area to be treated? Yes  No
12. Have you ever been checked for hormone problems? Yes  No
13. What products are you currently using on your skin?  
Fair and lovely
14. Have you ever had any laser hair removal treatments before? Yes  No

### **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.



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

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: 14-07-18

Printed name: RABIARASHEED

Patient signature: 

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

Witness: \_\_\_\_\_

Circle areas to be treated:

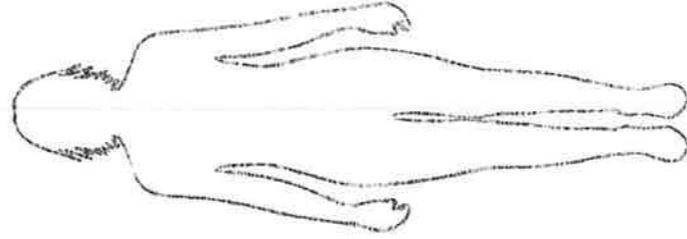
Other \_\_\_\_\_



Front



Back





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**

<b>Name</b>	Rabia,Rasheed,Rasheed,,Ahmad	<b>IDN:</b>	784198716148378	<b>Mother Name:</b>	
<b>Name (Ar)</b>	رابيه رشيد رشيد احمد	<b>Card Number:</b>	087705691	<b>Mother Name (Ar):</b>	
<b>Title:</b>		<b>Nationality:</b>	PAK	<b>Family ID:</b>	
<b>Title (Ar):</b>		<b>Nationality (Ar):</b>	پاکستان		
<b>Issue Date:</b>	14/02/2018	<b>Sex:</b>	F	<b>Sponsor Type:</b>	06
<b>Expiry Date:</b>	11/02/2020	<b>Date of Birth:</b>	19/04/1987	<b>Sponsor Name:</b>	
<b>Marital Status:</b>	02	<b>Husband IDN:</b>		<b>Sponsor Number:</b>	00
<b>Residency Type:</b>	02	<b>Residency Number:</b>	20120172760029	<b>Residency Expiry:</b>	11/02/2020
<b>ID Type:</b>	IL	<b>Occupation:</b>	3415	<b>Occupation Field:</b>	00



Photo

Signature Image

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

7/14/2018