



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

صحة... ابتسامة... جمال
Health... Smile... Beauty

Date: 21/7/2018

File Number: /000766

Patient Name: Salima Halima

إسم المريض: Mauriel

Date Of Birth (تاريخ الميلاد): 3/4/1985

Gender (الجنس): M / F

Marital Status (الحالة الاجتماعية):

Nationality (الجنسية): Algeria

Occupation (الوظيفة):

Address (العنوان): Shayjah

Phone No. (رقم الهاتف): 0552423851

E-MAIL: advocate.lind.14@gmail.com

How did you know about us: Instigrama

التاريخ الطبي Medical History	
الحالة الطبية Medical Condition	Yes/No لا/نعم
هل تتعاطى أي أدوية أو تتلقى أي علاجات حديثة؟ Recent or current drugs/Medical Treatment	Yes/No لا/نعم /
هل تتعاطى أي ستيرويدات أو مثبطات للمناعة؟ Corticosteroids/Immunosuppressant	Yes/No لا/نعم /
هل لديك أي حساسية؟ Allergies	Yes/No لا/نعم /
هل أجريت أي عمليات جراحية أو تعاني من أي أمراض؟ Surgical Operations, Serious illness	Yes/No لا/نعم /
Cardiac surgery, Rheumatic fever, Endocarditis, Artificial heart valve, Congenital heart disease جراحة قلب، حمى روماتويد، التهاب شغاف القلب، صمام قلب صناعي، أمراض القلب	Yes/No لا/نعم /
هل لديك ارتفاع في ضغط الدم، مشاكل في النزيف أو مميعات للدم؟ High Blood Pressure, Bleeding disorders, Anticoagulants	Yes/No لا/نعم /
انيميا (فقر الدم)، لوكميا (سرطان الدم) Anemia, Leukemia	Yes/No لا/نعم /
أمراض صدرية، أزمة تنفسية، التهاب في الشعب، السيل، أمراض أخرى Chest disease, Asthma, Bronchitis, TB, Other	Yes/No لا/نعم /
هل تعاني من أي أمراض في الكلى أو أمراض بولية أو تناسلية؟ Renal, Urinary, Sexually transmitted disease	Yes/No لا/نعم /
لل سيدات : هل أنت حامل؟ هل تتعاطين أي مانع للحمل؟ هل تعانين من مشاكل في الدورة الشهرية For Ladies: Pregnancy, Contraceptive pill, Menstrual problems	Yes/No لا/نعم /
التهاب الكبد الوبائي ، الصفراء، أي أمراض كبدية أخرى Hepatitis, Jaundice, Other liver diseases	Yes/No لا/نعم /
قرحة معوية، داء كرون، أي أمراض معوية أخرى؟ Peptic ulcer, Crohn's ulcerative colitis, Other	Yes/No لا/نعم /
هل تعاني من الصرع أو أي أمراض في الجهاز العصبي؟ Epilepsy, or any other neurological disease	Yes/No لا/نعم /
هل تعاني من مرض السكري أو أمراض الغدة الدرقية؟ Thyroid Diseases, Diabetes	Yes/No لا/نعم /
هل تعاني من أي أمراض أخرى؟ Other conditions	Yes/No لا/نعم /
فيروس الإيدز، فيروس الحلا البسيط etc. HSV, HIV...etc	Yes/No لا/نعم /



Medical Consent Form

- I hereby consent and authorize the doctor to treat my medical condition which has been explained to me by the qualified physician
- I understand that in order to provide me with the most efficient and enhanced service, diagnostic and other procedures may be deemed necessary.
- I understand that my treating doctor may discover other or different conditions, which may require additional or different procedures than those planned.
- I authorize my treating doctor to perform any procedures which are advisable in their professional judgment.
- I understand that no warranty or guarantee has been made to me as a result or cure just as there may be risks and hazards in continuing my present condition without treatment.
- I understand that there are also risks and hazards to the performance of the diagnostic and/or surgical procedures.
- I realize that common surgical or diagnostic procedures are potential for an infection, swelling, bleeding, pain or allergic reaction.
- I understand that there are minimal fees to be paid per service and that all fees must be paid in full before the completion of treatment.
- I consent that all medical history and information I provided in my medical file is true and I understand that any information I provide regarding my medical status will be kept confidential and anonymous.
- I believe that I have sufficient information to give this consent. I certify that this form has been fully explained to me and that I have read it and I understand its' content and I sign it with all my will.

Patient's Signature/ Guardians (In case of minors):

Date: ... / ... /

نموذج اقرار طبي

- أوافق و أسمح للطبيب بعلاج حالتي المرضية التي تم شرحها لي من قبل الطبيب المختص و المؤهل.
- أتفهم أن بعض الإجراءات الطبية والتشخيصية الاضافية قد تكون ضرورية من أجل تزويدي بالعلاج الأفضل و الخدمة الافضل.
- أتفهم أنه من الممكن أن يكشف الطبيب خلال العلاج أموراً مختلفة عن ما نكر في الفحص الأولي و التي قد تتطلب إجراءات إضافية أو مختلفة عن تلك المخطط لها.
- أفوض الطبيب المعالج باتخاذ كل الاجراءات الطبية و العلاجات اللازمة و المطلوبة بحكم خبرته المهنية و العلمية.
- أقر أنه لم يتم تقديم اي ضمانات او تأمين لتتاج العلاجات و الاجراءات الطبية او التجميلية المقدمة لي، كما اتفهم الاخطار و المضاعفات الناتجة عن عدم استكمال علاج حالتي المرضية.
- أتفهم تماماً كافة الاخطار و المضاعفات التي قد تكون مصاحبة الفحوصات و الاجراءات العلاجية و الجراحية.
- و ابرك ان بعض الاجراءات التشخيصية و العلاجية و الجراحية قد تؤدي الى مضاعفات كالالتهاب أو التورم أو النزيف أو الالم أو الحساسية.
- أتفهم أن هناك رسوم بالحد الأدنى يجب علي دفعها مقابل الخدمة العلاجية و أن جميع الرسوم المطلوبة يجب ان تسدد بالكامل قبل الانتهاء من العلاج.
- أقر أن كافة المعلومات الطبية و التاريخ الطبي الذي قدتمت لدي فتحه الملف صحيفه و اتفهم ان اي معلومات تتلاق بحالتي الصحية ستبقى سرية تماماً ولا يمكن الاطلاع عليها دون موافقتي
- أقر أن لدي المعلومات الكاملة لتقديم هذا الاقرار و ان هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيله بالكامل و اني وقعت عليه بكامل ارادتي

توقيع المريض / ولي الأمر (من هم دون السن القانونية):

Rihour

التاريخ: ... / ... /

File No:

Date: / /

Patient Assessment Form استمارة تقييم المريض

Vital Signs المؤشرات الحيوية

Weight (الوزن): Kg
Pulse (النبض): ppm

Height (الطول): cm
Blood Pressure (ضغط الدم): /

Blood Type (مجموعة الدم):
Blood Sugar (سكر الدم):

Chief Complaint سبب زيارة المريض للعيادة

Disease History التاريخ المرضي: /

Allergies الحساسية: /

Medications الأدوية: /

Pregnancy الحمل: /

Previous Surgeries, Hospitalization
عمليات سابقة ، ادخال المستشفى: /

Smoking (التدخين): Y / N

Alcohol (تعاطي الكحول): Y / N

Drugs (تعاطي العقاقير): Y / N

General & Clinical Findings الملاحظات العامة و السريرية

Examination الفحص

Radiography الصور الشعاعية

Diagnosis التشخيص

Treatment Plan خطة العلاج

(5 Diet plan + 5 session Endymed.)

Diet plan given 1/8/18.

Diet plan given 4/8/18 (Traveling)
Tom today's

Doctor's Signature and Stamp

.....

PATIENT NAME:

FILE NO#:

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
28/7/18	consulting. diet plan to be given, Diet ReCall			Baker 28/7/18
31/7/18	Diet plan given 1300kcal for Constipation. Cucumber			Baker 31/7/18
4/8/18	Diet plan given 1300kcal traveling for 10 days.			Baker 4/8/18
25/8/18	she Come Back But she had a lots of Caffeine			
31/7/18	1st session . (7:30am - 8:45am)			
19/8/18	2nd session . (1:30pm - 2:45pm)			
6/10/18	Engymed (Abdomen) 3+8	Ø		
20/10/18	Engymed (Abdomen) 3+8	Ø		

REDAD 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	Salitha, Halima, Ritoum	IDN:	784198581583154	Mother Name:	
Name (Ar)	صليحة، حليمة، ريتوم	Card Number:	088822815	Mother Name (Ar):	
Title:		Nationality:	DZA	Family ID:	
Title(Ar):		Nationality (Ar):	الجزائر		
Issue Date:	29/04/2018	Sex:	F	Sponsor Type:	06
Expiry Date:	25/04/2020	Date of Birth:	03/04/1985	Sponsor Name:	الإماراتية الكندية لتطوير المنشآت الرياضية
Marital Status:	02	Husband IDN:		Sponsor Number:	00
Residency Type:	02	Residency Number:	30120162027064	Residency Expiry:	25/04/2020
ID Type:	IL	Occupation:	2421	Occupation Field:	00



Photo

Signature Image

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

7/21/2018



Dietary consultation involves a health profile. The purpose of the health profile is not to establish a diagnosis, but rather to determine a client's health status in order to guide his/her weight control plan. A client may be advised to seek medical advice based on his/her health profile.

Date: 21/7/2018
last period due :- 18/7/18.

Date: 21/7/2018
Patient Name: Salha Halima
File Number: 1000766
إسم المريض:
Current Weight (الوزن الحالي)
Weight 1 year ago (الوزن السنة الماضية)
Minimum Adult Weight (أقل وزن) Age:
Maximum Adult Weight (أعلى وزن) Age:
Do You Exercise (هل تقوم بالتمارين الرياضية) : Yes / No Exercise Type (نوع التمرين) How Often (كم مرة)
هل انتظمت سابقا بأي حمية غذائية؟ نعم / لا
If yes, please specify which diet(s) and why you think it didn't work for you?
إذا كانت الاجابة نعم , لماذا تعتقد ان تلك الحمية لم تكن مناسبة الي؟
صبر بصبر

On a scale of 1 to 10, Indicate the level of importance you give to losing weight with professionally supervised weight loss method

بقياس ١ الى ١٠ , حدد درجة اهمية فقدانك للوزن تحت اشراف المختصين

Least Importance 1 2 3 4 5 6 7 8 9 10 More Importance

How Many Children Do You Have?
كم عدد اطفالك؟

Who does the most cooking at home?
من يقوم بطهي الطعام غالبا في المنزل؟

On Average how many hours do you sleep per night?
ما هو معدل ساعات نومك ليلا؟

8 ساعات

(4) 8.9

Eating Habits العادات الغذائية

Breakfast العطور

Do You Have Breakfast Every Morning? Yes

Sometimes

No

Never

Approximate time: 9-10 am

Details:

عصارة ليمون + حليب + حبوب *
عصارة تفاح + حليب + حبوب *
نفاحة أو حبوب *
أو أظفر
كاستة - ثوب (كون شاي الحمر صبر صبر)
في حبات اصباحة السجولة (ب) حبوب

Do You Have a Snack Before Lunch? Yes

Sometimes

No

Never

Approximate time:

Lunch الغداء

Do You Have Lunch Every Morning? Yes

Sometimes

No

Never

Approximate time: 2-2:30 pm

Details:

صحن فطير أو بوجلي أو الخبز مع سلطة
صحن الخبز (مع الحليب لسانه عسوة) الخبز / طعام بياقوم
صحن الخبز / عسوة / حبوب
صحن راي (سانفوش) صبي + الحبوب الزينة حبوب
صبي *
حبات الحمر صبر صبر أو الحليب أو الحبوب
صبي مع الحبوب لا حبوب اليوم بس
أكثر صبر صبر

Dinner العشاء

Do You Have Dinner Every Morning? Yes

Sometimes

No

Never

Approximate time: 9:30 pm

Details:

صحن الخبز (نفاحة) + نفاحة + نفاحة + نفاحة

Do You Have a Snack Before dinner? Yes

Sometimes

No

Never

Approximate time:

Details:

صحن + صحن + صحن + صحن
صحن أو صحن
Sleeping 11:30 pm
صحن

Consent Form For Nutritionist Weight loss Method

I confirm that the information that I have provided and that is recorded by me on this health profile is true, complete and accurate and that I have not withheld or otherwise omitted. weather in whole or in part, any information concerning my health status. in this respect, I confirm that I have disclosed all past and present physical/ or mental health problems or concerns that I have experienced, diagnosis and/or surgeries that I have had, medications and supplements that were prescribed to me or that I have taken.

Without limitation to the foregoing I specifically confirm that I do not have the conditions and that I am not taking any medications. Furthermore, I understand that I should not be undertaking or otherwise following the weight loss method if I have any of the said conditions or if I am currently taking any of the said medications unless I specifically consult with a medical doctor while I am on weight loss method, and provide documentation confirming the foregoing.

I understand that if I have any of the aforementioned conditions or if I am currently taking any of the aforementioned medication, or I have not disclosed same to the center and nevertheless chose to go on professional weight loss method without specific supervision, such decision will be completely voluntary, and I release and discharge the center as the laboratories or any employee from any and all damages, liabilities, claims and causes of action of any nature whatsoever that may result from such voluntary decision.

I confirm that the Nutritionist has explained to me that I have had the opportunity to ask questions relating to the weight control method, and that I have been provided with the answers to such questions and that I understand the importance of strictly following the weight control method as explained to me verbally and in the materials provided to me, both before and during the weight control method

without limitation to the foregoing, I confirm that I have been advised that because the weight control method limits the ingestion of certain goods, it is important that I consume the recommended vitamins and minerals while I'm on the weight control method.

I undertake to disclose immediately to the center and nutritionist all the changes in my health status, discomfort, symptoms or other health concerns that I may experience while I am on the weight control method.

نموذج اقرار للتحكم بالوزن تحت اشراف اخصائي تغذية

أقر أن كافة المعلومات التي قمت بالإدلاء بها في ملفي الطبي صحيحة و كاملة و دقيقة و اني لم أخف أي معلومات تتعلق بصحتي أو عاداتي الغذائية جزئياً أو كلياً. و أقر أنني قد قدمت كافة المعلومات المتعلقة بصحتي الجسدية و النفسية و اي حالة مرضية كنت قد مرتت بها و كافة الجراحات التي قد أجريت لي و الادوية و المكملات التي قد وصفت لي أو اقيم بتناولها حالياً.

و أقر أنه ليس لدي اي حالات مرضية من التي سبق ذكرها في الملف الطبي لا تناول أي أدوية عدا عن التي أقصحت عنها في الملف الطبي و اتفهم انني لا يجب ان اعطى أي أدوية خلال او بعد اتباعي لطريقة التحكم بالوزن تحت اشراف الاخصائي دون استشارة طبيب و دون اعلامي لخصائي التغذية بهذه الادوية او المكملات و ابراز الوثائق الرسمية التي تدل على ذلك.

اتفهم ان تعاطي أي أدوية دون اعلامي لخصائي التغذية أو خصوصي لطرق تحكم الوزن دون اعلامي للاخصائي و دون اشراف المختصين هو قرار شخصي و اختياري. و أعفي الاخصائي و الطبيب و المركز و أي من موظفيه من تبعات هذا القرار و لا يحق لي المطالبة بأي تعويض عن الاضرار الناتجة عن هذا القرار الاختياري.

أقر أن اخصائية التغذية قد أتاحت لي الفرصة كاملة لطرح اي اسئلة تتعلق بطريقة التحكم بالوزن، و انه قد تمت اجابة كافة اسئلتي بشكل كاف و كامل. و انني اتفهم اهمية اتباعي لطريقة التحكم بالوزن بدقة كما تم شرحها لي شفويًا و من خلال المواد المكتوبة التي تم تزويدي بها و الالتزام بكافة التعليمات قبل و بعد اتباعي لطرق التحكم بالوزن.

بالإضافة إلى ما سبق أقر أنه قد تم اعلامي أنه بسبب اتباعي لطريقة التحكم بالوزن فإنه يجب تناول بعض الفيتامينات و المعادن و المكملات الغذائية و انه يجب الالتزام بتناول هذه المكملات بينما اتبع وسيلة التحكم بالوزن.

لتعهد باخبار المركز و اخصائية التغذية فوراً عن أي تغييرات في حالتي الصحية او اي ضيق او اعراض او اي مشاكل صحية قد اعرض لها بينما اخضع لوسيلة التحكم بالوزن.



مركز أوركيديد الطبي
ORCHID MEDICAL CENTER

500.00

RECEIPT VOUCHER (No.REC-000938)

Date:21-07-2018

Receive from Mr./Mrs./M/s. 1000766 - SALIHA HALIMA - 971552423851

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

By Cash 0.00 / By Credit Card 500.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: _____

Date: 21-07-2018

Cheque No. _____

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

1,600.00

RECEIPT VOUCHER (No.REC-000968)

Date:28-07-2018

Receive from Mr./Mrs./M/s. 1000766 - SALIHA HALIMA - 971552423851

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

By Cash 0.00 / By Credit Card 1,600.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 28-07-2018

Being AGAINST INVOICE NO :2150

Made by Ghada

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

Body Composition Analysis

Total amount of water in body	Total Body Water	(L)	26.0	(27.0~33.0)
For building muscles	Protein	(kg)	7.0	(7.2~8.8)
For strengthening bones	Minerals	(kg)	2.63	(2.49~3.05)
For storing excess energy	Body Fat Mass	(kg)	18.6	(10.6~17.0)
Sum of the above	Weight	(kg)	54.2	(45.0~61.0)

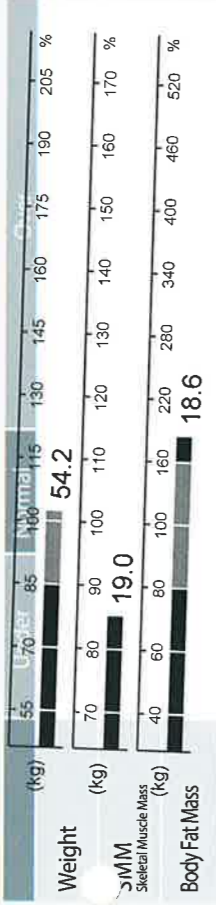
InBody Score **68** / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

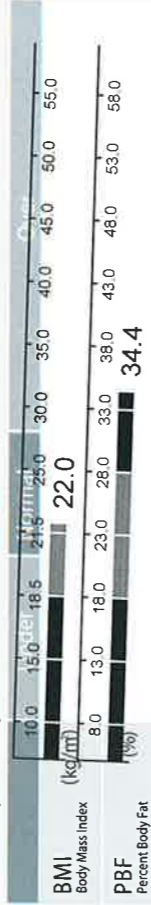
Weight Control

Target Weight 53.0 kg
 Weight Control -1.2 kg
 Fat Control -6.4 kg
 Muscle Control +5.2 kg

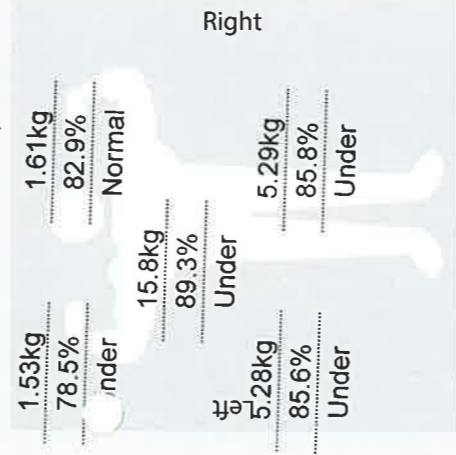
Muscle-Fat Analysis



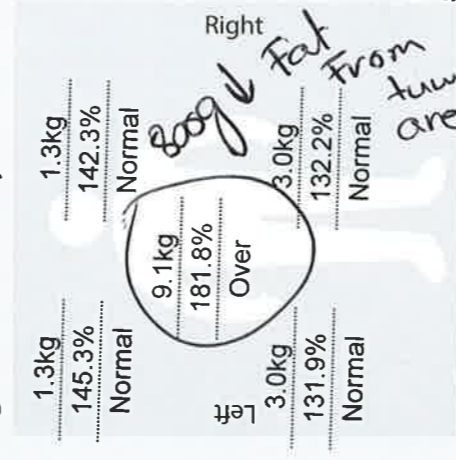
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



Research Parameters

Fat Free Mass 35.6 kg
 Basal Metabolic Rate 1138 kcal (1181~1362)
 Obesity Degree 102 % (90~110)
 Recommended calorie intake 1471 kcal

Calorie Expenditure of Exercise

Golf	95	Gateball	103
Walking	108	Yoga	108
Badminton	123	Table Tennis	123
Tennis	163	Bicycling	163
Boxing	163	Basketball	163
Mountain Climbing	177	Jumping Rope	190
Aerobics	190	Jogging	190
Soccer	190	Swimming	190
Japanese Fencing	271	Racketball	271
Squash	271	Taekwondo	271

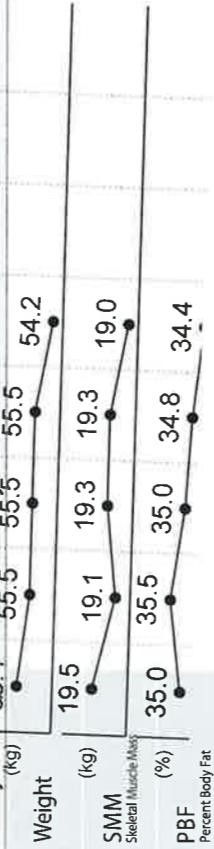
*Based on your current weight
 *Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



Body Composition History



Impedance

Z(Ω) 20 kHz	469.7	499.9	26.1	337.6	339.6
100 kHz	428.0	453.9	22.7	303.4	306.3

9 Flies Break
From 7/8/18 → 25/8/18

ID 210718-4 | Height 157cm | Age 33 | Gender Female | Test Date & Time 25.08.2018. 17:29

Body Composition Analysis

Total amount of water in body	(L)	26.4	(27.0~33.0)
For building muscles	(kg)	7.1	(7.2~8.8)
For strengthening bones	(kg)	2.73	(2.49~3.05)
For storing excess energy	(kg)	19.3	(10.6~17.0)
Sum of the above	(kg)	55.5	(45.0~61.0)

InBody Score

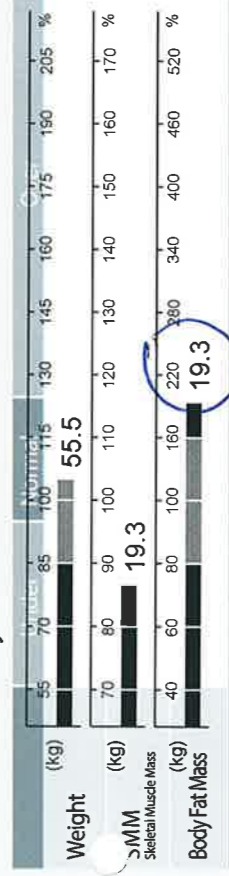
68 / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Weight Control

Target Weight 53.0 kg
 Weight Control - 2.5 kg
 Fat Control - 7.1 kg
 Muscle Control + 4.6 kg

Muscle-Fat Analysis



Obesity Evaluation

BMI Normal Under Slightly Over Over
 PBF Normal Slightly Over Over

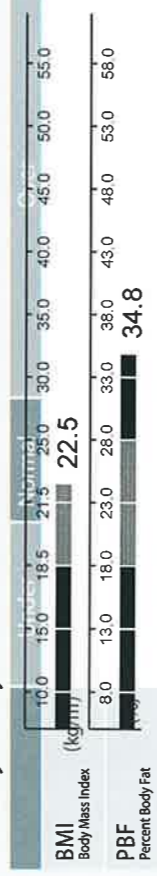
Waist-Hip Ratio

0.87

Visceral Fat Level

Level 9

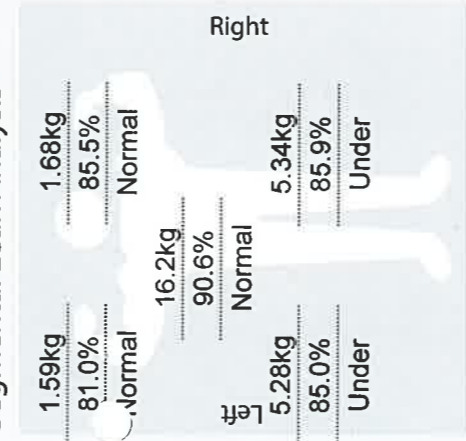
Obesity Analysis



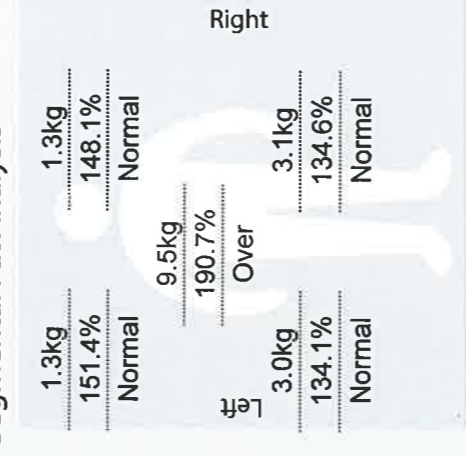
Research Parameters

Fat Free Mass 36.2 kg
 Basal Metabolic Rate 1152 kcal (1201~1385)
 Obesity Degree 105 % (90~110)
 Recommended calorie intake 1484 kcal

Segmental Lean Analysis



Segmental Fat Analysis



Calorie Expenditure of Exercise

Golf	98	Gateball	105
Walking	111	Yoga	111
Badminton	125	Table Tennis	125
Tennis	167	Bicycling	167
Boxing	167	Basketball	167
Mountain Climbing	181	Jumping Rope	194
Aerobics	194	Jogging	194
Soccer	194	Swimming	194
Japanese Fencing	278	Racketball	278
Squash	278	Taekwondo	278

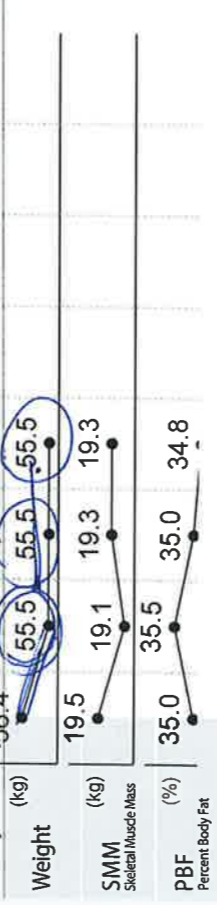
* Based on your current weight
 * Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



Body Composition History



Impedance

Z(30) 20 kHz 458.2 487.3 25.1 332.2 339.4
 100 kHz 417.6 443.0 22.1 298.3 305.9

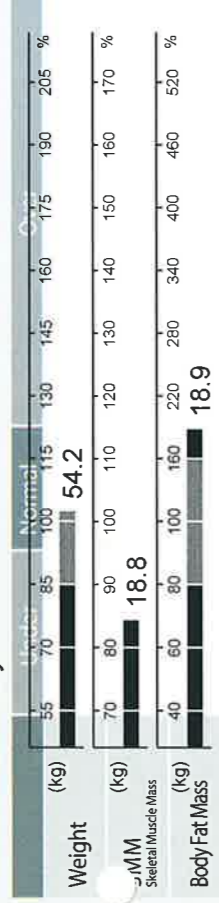
ID 210718-4 | Height 157cm | Age 33 | Gender Female | Test Date & Time 08.09.2018. 18:03

Handwritten notes:
 * Ppp Born * whole
 * CAZ.
 *
 Period due
 + (2) days
 protein
 Admining
 skipping
 yoghurt

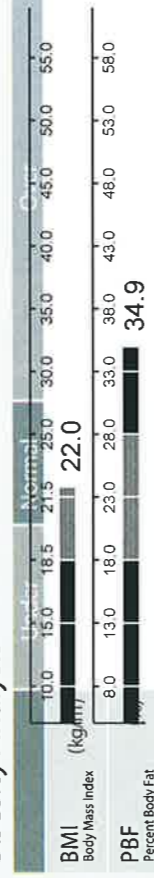
Body Composition Analysis

Total amount of water in body	Total Body Water	(L)	25.8 (27.0~33.0)
For building muscles	Protein	(kg)	6.9 (7.2~8.8)
For strengthening bones	Minerals	(kg)	2.62 (2.49~3.05)
For storing excess energy	Body Fat Mass	(kg)	18.9 (10.6~17.0)
Sum of the above	Weight	(kg)	54.2 (45.0~61.0)

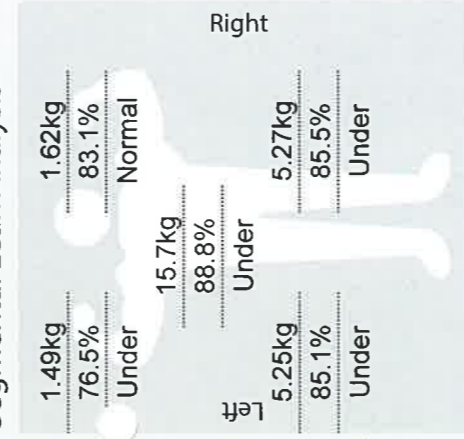
Muscle-Fat Analysis



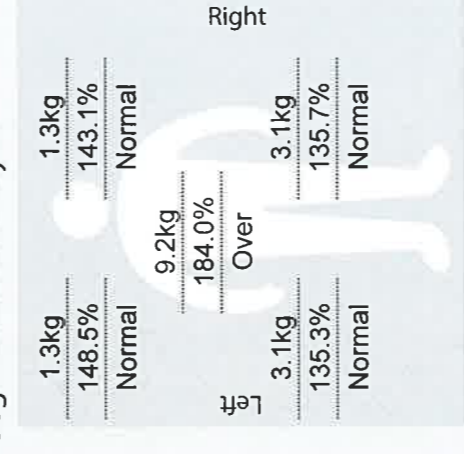
Obesity Analysis



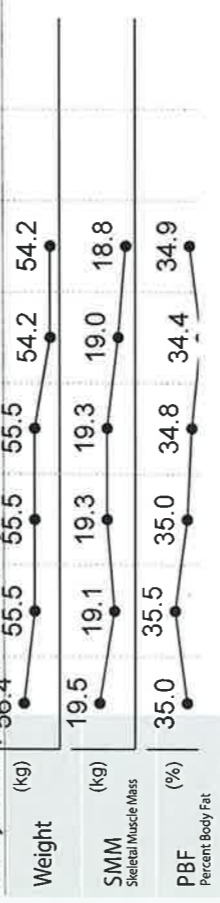
Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History



InBody Score

68 / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Weight Control

Target Weight	53.0 kg
Weight Control	- 1.2 kg
Fat Control	- 6.7 kg
Muscle Control	+ 5.5 kg

Obesity Evaluation

BMI	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Slightly Over	<input type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal	<input type="checkbox"/> Slightly Over	<input checked="" type="checkbox"/> Over	

Waist-Hip Ratio



Visceral Fat Level



Research Parameters

Fat Free Mass	35.3 kg
Basal Metabolic Rate	1132 kcal (1181~1362)
Obesity Degree	102 % (90~110)
Recommended calorie intake	1471 kcal

Calorie Expenditure of Exercise

Golf	95	Gateball	103
Walking	108	Yoga	108
Badminton	123	Table Tennis	123
Tennis	163	Bicycling	163
Boxing	163	Basketball	163
Mountain Climbing	177	Jumping Rope	190
Aerobics	190	Jogging	190
Soccer	190	Swimming	190
Japanese Fencing	271	Racketball	271
Squash	271	Taekwondo	271

* Based on your current weight
 * Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



Impedance

Z ₆₀	20 kHz	477.2	525.0	25.7	342.8	346.2
	100 kHz	433.2	475.6	22.2	308.9	313.6

ID: 210718-4 | Height: 157cm | Age: 38 | Gender: Female | Test Date & Time: 15.09.2018. 18:32

Body Composition Analysis

Total amount of water in body	Total Body Water	(L)	25.0	(27.0~33.0)
For building muscles	Protein	(kg)	6.7	(7.2~8.8)
For strengthening bones	Minerals	(kg)	2.51	(2.49~3.05)
For storing excess energy	Body Fat Mass	(kg)	18.8	(10.6~17.0)
Sum of the above	Weight	(kg)	53.0	(45.0~61.0)

InBody Score **67** /100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Weight Control

Target Weight	53.0 kg
Weight Control	0.0 kg
Fat Control	- 6.6 kg
Muscle Control	+ 6.6 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over

PBF Normal Slightly Over Over

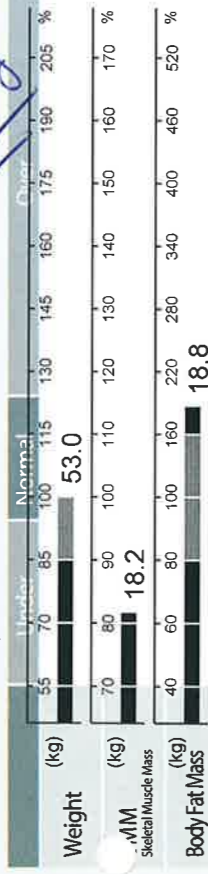
Waist-Hip Ratio

0.83

Visceral Fat Level

Level 9

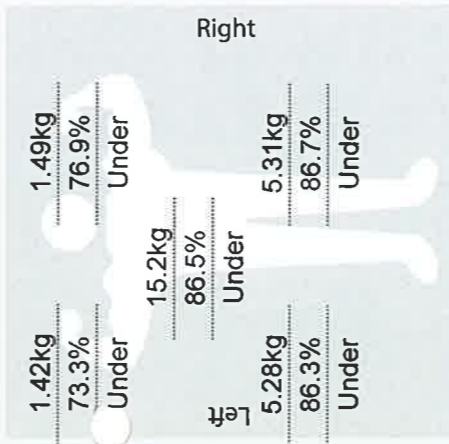
Muscle-Fat Analysis



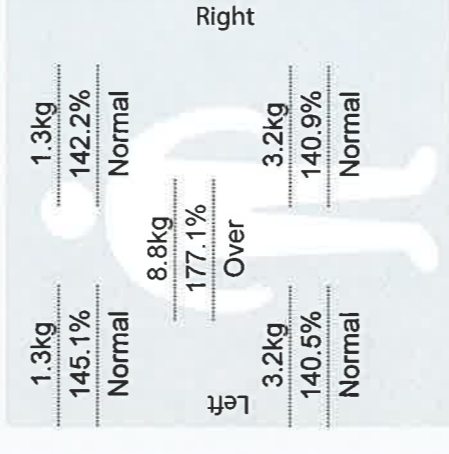
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



Research Parameters

Fat Free Mass 34.2 kg
 Basal Metabolic Rate 1110 kcal (1163~1340)
 Obesity Degree 100 % (90~110)
 Recommended calorie intake 1458 kcal

Calorie Expenditure of Exercise

Golf	93	Gateball	101
Walking	106	Yoga	106
Badminton	120	Table Tennis	120
Tennis	159	Bicycling	159
Boxing	159	Basketball	159
Mountain Climbing	173	Jumping Rope	186
Aerobics	186	Jogging	186
Soccer	186	Swimming	186
Japanese Fencing	265	Racketball	265
Squash	265	Taekwondo	265

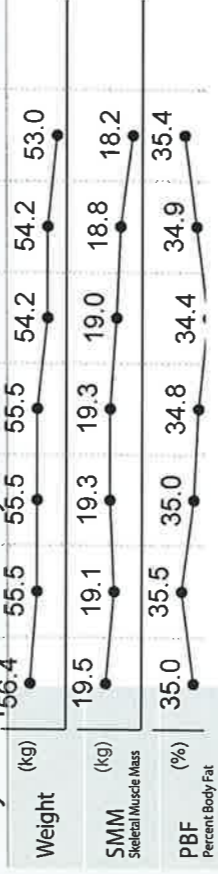
* Based on your current weight
 * Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



Body Composition History



Impedance

Z(42) 20 kHz | 516.3 545.6 27.0 342.3 345.9
 100 kHz | 466.9 492.7 23.2 309.2 313.6

Body Composition Analysis

Total amount of water in body	Total Body Water	(L)	25.7 (27.0~33.0)
For building muscles	Protein	(kg)	6.9 (7.2~8.8)
For strengthening bones	Minerals	(kg)	2.62 (2.49~3.05)
For storing excess energy	Body Fat Mass	(kg)	17.7 (10.6~17.0)
Sum of the above	Weight	(kg)	52.9 (45.0~61.0)

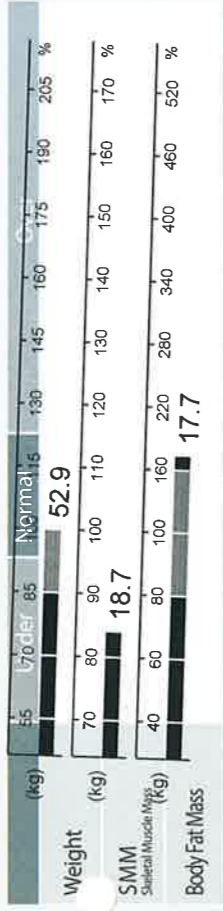
InBody Score **69** / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

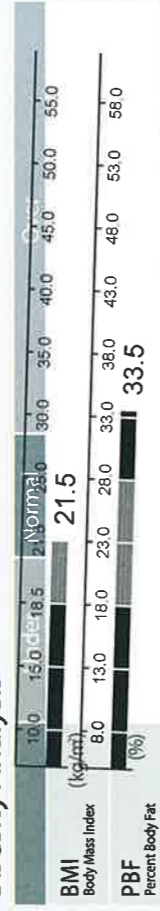
Weight Control

Target Weight	53.0 kg
Weight Control	+ 0.1 kg
Fat Control	- 5.5 kg
Muscle Control	+ 5.6 kg

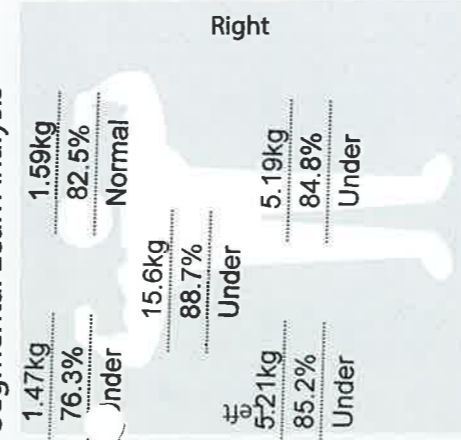
Muscle-Fat Analysis



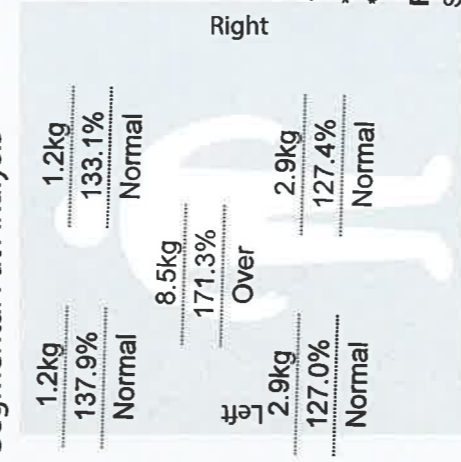
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



Research Parameters

Fat Free Mass	35.2 kg
Basal Metabolic Rate	1130 kcal (1162~1338)
Obesity Degree	100 % (90~110)
Recommended calorie intake	2207 kcal

Calorie Expenditure of Exercise

Golf	93	Gateball	101
Walking	106	Yoga	106
Badminton	120	Table Tennis	120
Tennis	159	Bicycling	159
Boxing	159	Basketball	159
Mountain Climbing	173	Jumping Rope	185
Aerobics	185	Jogging	185
Soccer	185	Swimming	185
Japanese Fencing	265	Racketball	265
Squash	265	Taekwondo	265

* Based on your current weight

* Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see more detail.



Body Composition History



Impedance

Z _{ax}	20 kHz	482.3	527.3	25.3	350.5	346.5
Z _{ax}	100 kHz	438.9	478.5	21.7	315.2	314.3

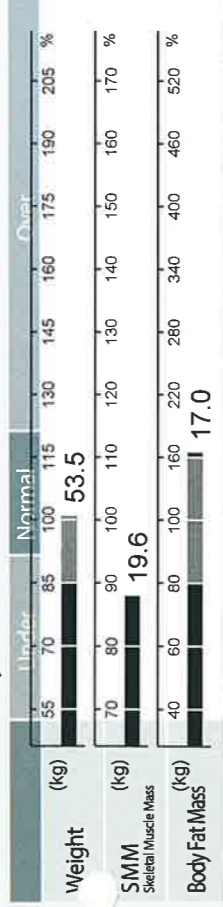
3kg

ID 210718-4 | Height 157cm | Age 33 | Gender Female | Test Date & Time 06.10.2018. 15:11

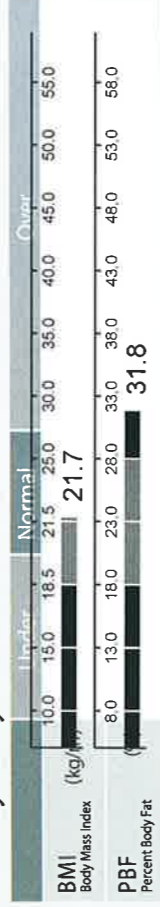
Body Composition Analysis

Total amount of water in body	Total Body Water (L)	26.6 (27.0~33.0)
For building muscles	Protein (kg)	7.2 (7.2~8.8)
For strengthening bones	Minerals (kg)	2.74 (2.49~3.05)
For storing excess energy	Body Fat Mass (kg)	17.0 (10.6~17.0)
Sum of the above	Weight (kg)	53.5 (45.0~61.0)

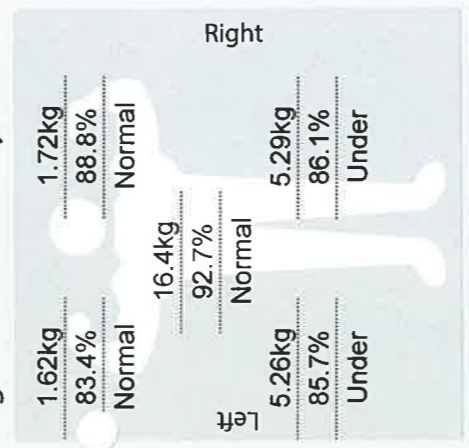
Muscle-Fat Analysis



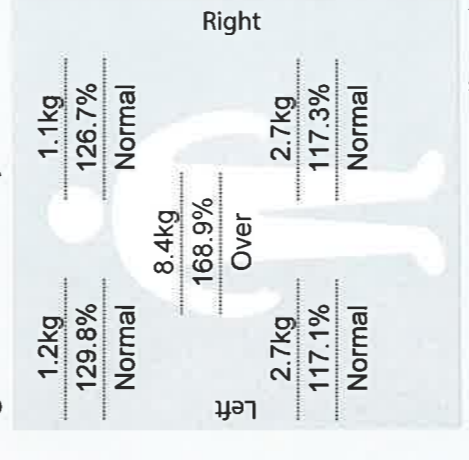
Obesity Analysis



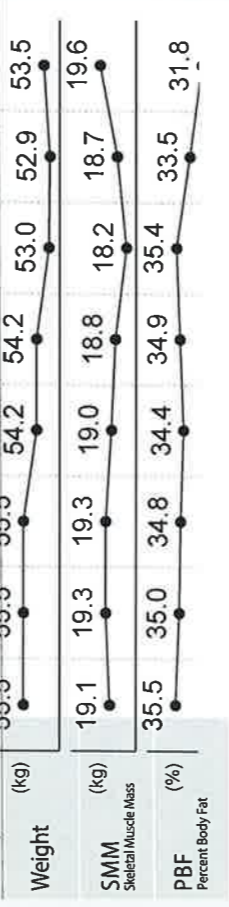
Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History



InBody Score

71 / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Weight Control

Target Weight 53.0 kg

Weight Control -0.5 kg

Fat Control -4.8 kg

Muscle Control +4.3 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over

PBF Normal Slightly Over Over

Waist-Hip Ratio

0.87 (Normal range: 0.75-0.85)

Visceral Fat Level

Level 7 (Normal range: 1-10)

Research Parameters

Fat Free Mass 36.5 kg

Basal Metabolic Rate 1158 kcal (1171~1349)

Obesity Degree 101 % (90~110)

Recommended calorie intake 1963 kcal

Calorie Expenditure of Exercise

Golf	94	Gateball	102
Walking	107	Yoga	107
Badminton	121	Table Tennis	121
Tennis	161	Bicycling	161
Boxing	161	Basketball	161
Mountain Climbing	174	Jumping Rope	187
Aerobics	187	Jogging	187
Soccer	187	Swimming	187
Japanese Fencing	268	Racketball	268
Squash	268	Taekwondo	268

* Based on your current weight

* Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.

Impedance

Z(R) 20 kHz 451.1 486.6 25.3 348.4 352.6

100 kHz 411.1 440.1 21.5 311.7 316.0

ID
210718-4

Height
157cm

Age
33

Gender
Female

Test Date & Time
20.10.2018. 18:10

Body Composition Analysis

Total amount of water in body	(L)	26.5 (27.0~33.0)
For building muscles	(kg)	7.1 (7.2~8.8)
For strengthening bones	(kg)	2.74 (2.49~3.05)
For storing excess energy	(kg)	17.9 (10.6~17.0)
Sum of the above	(kg)	54.2 (45.0~61.0)

InBody Score

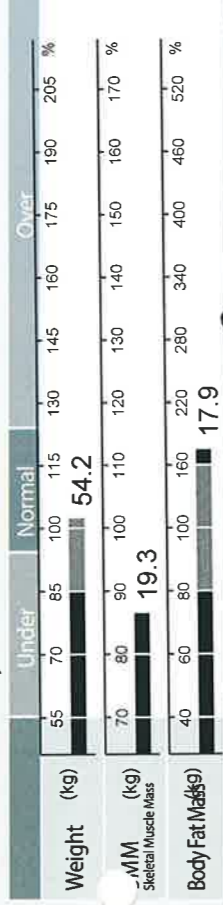
70/100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Weight Control

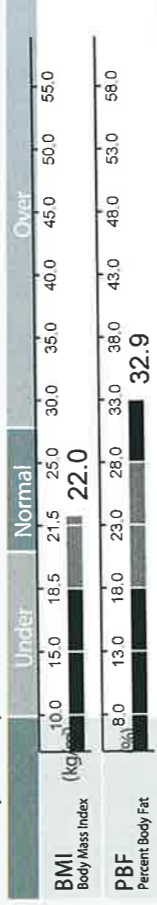
Target Weight 53.0 kg
 Weight Control - 1.2 kg
 Fat Control - 5.7 kg
 Muscle Control + 4.5 kg

Muscle-Fat Analysis

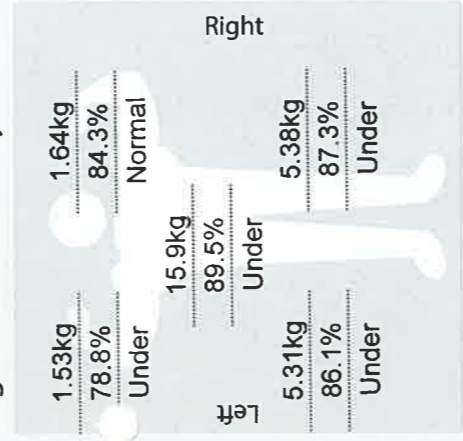


100%

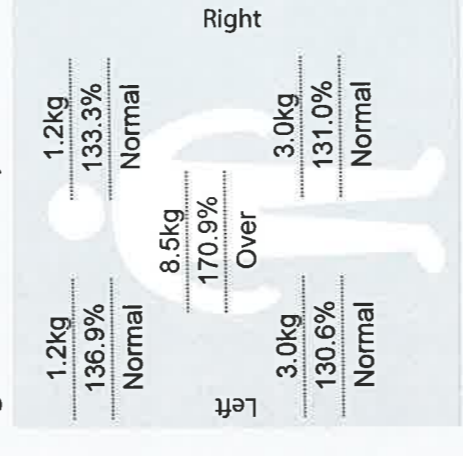
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



Research Parameters

Fat Free Mass 36.3 kg
 Basal Metabolic Rate 1155 kcal (1181~1362)
 Obesity Degree 102 % (90~110)
 Recommended calorie intake 1971 kcal

Calorie Expenditure of Exercise

Golf	95	Gateball	103
Walking	108	Yoga	108
Badminton	123	Table Tennis	123
Tennis	163	Bicycling	163
Boxing	163	Basketball	163
Mountain Climbing	177	Jumping Rope	190
Aerobics	190	Jogging	190
Soccer	190	Swimming	190
Japanese Fencing	271	Racketball	271
Squash	271	Taekwondo	271

* Based on your current weight

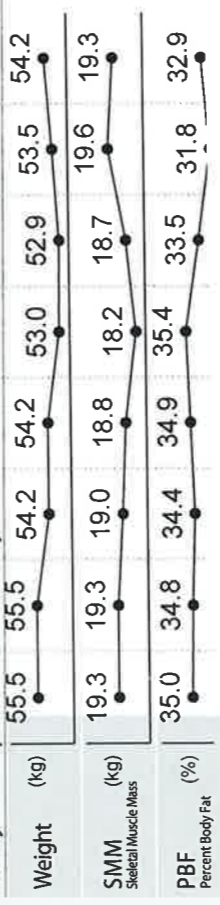
* Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



Body Composition History



Impedance

Z(Ω) 20 kHz 479.5 520.1 23.0 325.4 335.4
 100 kHz 436.4 470.9 19.8 294.1 303.2

RA LA TR RL LL

Salihah ①

Salihah ②

③ 54.2 kg

④ 13/9/18

53.0 kg Delay for period

52.9 kg

53.5 kg

P: 18/7/18

BODY COMPOSITION ANALYSIS

تحليل بنية الجسم

CM LOSS

MEASUREMENTS CHART القياسات

	Date 4/8/18 التاريخ 4/8/18		Date 25/8/18 التاريخ 25/8/18		Date 1/9/18 التاريخ 1/9/18		Date 19/9/18 التاريخ 19/9/18		Date 15/9/18 التاريخ 15/9/18		Date 22/9/18 التاريخ 22/9/18		Date 6/10/18 التاريخ 6/10/18	
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men	State: Pre Men/Men/Post Men
BMR (Kcal/day) بم أم أر (معددة حرارية/يوم)	1484	1484	1138	1132	1110	1130	1158							
Fat % الدهون %	35.0	34.8	34.4	34.9	35.4	33.5	31.8							
Fat Wt (kg) وزن الدهون (كجم)	19.4	19.3	18.6	18.9	18.8	17.7	17.0							
Lean % الوزن من غير الدهون (%)														
Lean Wt (kg) الوزن من غير الدهون (كجم)	19.3	19.3	19.0	18.8	18.8	18.7	19.6							
Water (kg) الماء (كجم)	26.4	26.4	26.0	25.8	25.0	25.7	26.6							
Water % الماء %														
TGT Wt (kg) الوزن المرغوب (كجم)	45-61	45-61	45-61	45-61	45-61	45-61	45-61							
Target Fat % الدهون المستهدفة %		18-24%	18-24%	18-42	18-42	18-42	18-24%							
BMI بم أم أي	22.5	22.5	22.0	22.0	21.5	21.5	21.7							
WHR دهنو أوش آر	0.87	0.87	0.86	0.85	0.85	0.85	0.85							

السنتمرات المفقودة	Date التاريخ	Date التاريخ	Date التاريخ	Date التاريخ	Date التاريخ	Date التاريخ
Neck العنق						
Chest 4" below arm pit الصدر 4 إنشات تحت الإبط						
Tummy Region of maximum girth while lying down البطن أقصى محيط له عند الاستلقاء						
Waist 1" above the iliac crest الخصر إنش فوق العظم الحرقني						
Hip Most prominent widest part of hip الأرداف أقصى محيط لها عند						
Thighs 9" above the outermost edge of bent knee الفخذان 9 إنشات فوق الركبة المنحنية						
Arms Mid pt. between upper bony prominence at shoulder & elbow المرفقين نقطة الوسط بين أعلى الكتف والرفق						
Total cm loss مجموع السنتمرات المفقودة						
Average cm loss معدل السنتمرات المفقودة						

DIETARY ASSESSMENT تقييم النظام الغذائي

Food Intolerance (if any)

Dislike lentil, zucchini, Rice.

Acidity / Heart Burn / Constipation

No. of meals consumed / day

1-2 meals.

Veg / Non Veg. / Ovo Veg

But she start to eat chick, cheese, fish

Frequency of eating out / week

Diet Recall - Total Calories (Kcal)

CHO (gm)

Protein (gm)

Fat (gm)

Lifestyle : Sedentary / Moderate / Heavy

Diet Advised - Total calories (Kcal)

1300 kcal.

CHO (gm)

Protein (gm)

Fat (gm)

Remarks

25/8/18. | 22/9/18 Finish detox diet
start her 3 week
diet.
6/10/18
Diet plan
given
she is loosing wt.

Counsellor's Name

Balcan

Client's Signature

Balcan

Date

4/8/14

4 29715

(البروتين)
الاصواتك
بوجيا
وجبات
معدني السعرات الحرارية
(م)
(م)
(
ربط النشاط / شهيطة
افرع معدني السعرات الحرارية (Kcal)
(م)
(

تم الحجز ل: عدد الجلسات							No of Sessions				
ضغط الدم BP	التاريخ Date	الوزن ما قبل Before Wt	الوزن ما بعد After Wt	م رمز M Code	توقيع اخصائي التدليك Therapist Sign	توصيات اخصائي التغذية Dietician Recom.	تغيير Deviation	رمز النشاط Activity Code	تغيير Deviation	توقيع الاختصاصي Physio. Sign	توقيع العميل Client's Sign
							تغذية Dietician				
	25/8/18 14/18	55.5	—	ENDYMED		she came after break from 5/8/18 till 25/8/18 she went for work trip. But not any more causes. Counsellation diet plan new to given diet plan given.					
	1/9/18	54.2		ENDYMED							
Not Wt. Loss خسارة الوزن الصافي					Wt. Gain زيادة الوزن						
	9/9/18	54.2		—		Diet plan given Periods due + skipping yogurt or snake at night time start whole protein like salmon Recently exercise she has to do 35 min more vinger as dressing					
Not Wt. Loss خسارة الوزن الصافي					Wt. Gain زيادة الوزن	Balance Sessions الجلسات المتبقية					
	15/9/18	53.0kg		—		Detox diet for 1 week + exercise Request.					

6/10/18 53.5kg

ENDYMED.

Diet plan given

20/10/18

Salihah
only 4 days

ID: 210718-4 | Height: 157cm | Age: 33 | Gender: Female | Test Date & Time: 04.08.2018. 16:51

Body Composition Analysis

Total amount of water in body	Total Body Water	(L)	26.4 (27.0~33.0)
For building muscles	Protein	(kg)	7.0 (7.2~8.8)
For strengthening bones	Minerals	(kg)	2.73 (2.49~3.05)
For storing excess energy	Body Fat Mass	(kg)	19.4 (10.6~17.0)
Sum of the above	Weight	(kg)	55.5 (45.0~61.0)

InBody Score

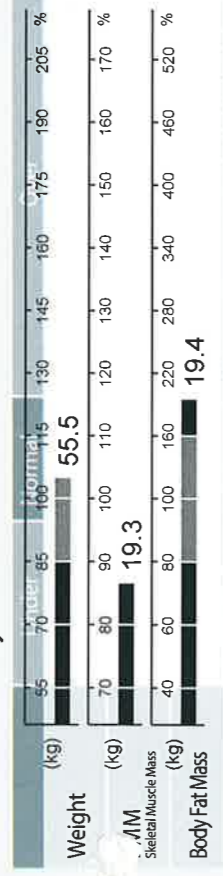
68 / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Weight Control

Target Weight	53.0 kg
Weight Control	- 2.5 kg
Fat Control	- 7.2 kg
Muscle Control	+ 4.7 kg

Muscle-Fat Analysis



Waist-Hip Ratio

0.87

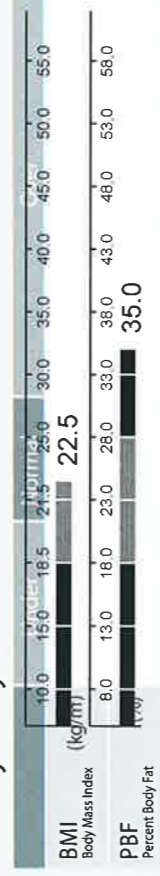
0.75 0.85

Visceral Fat Level

Level 9

Low 10 High

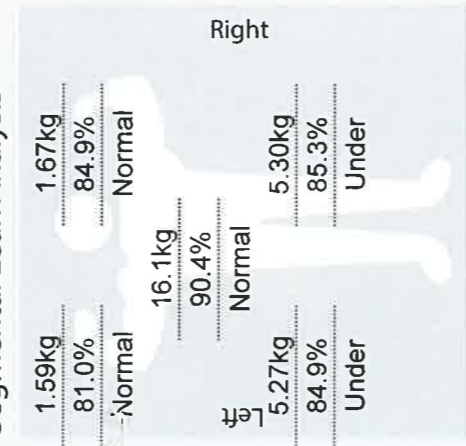
Obesity Analysis



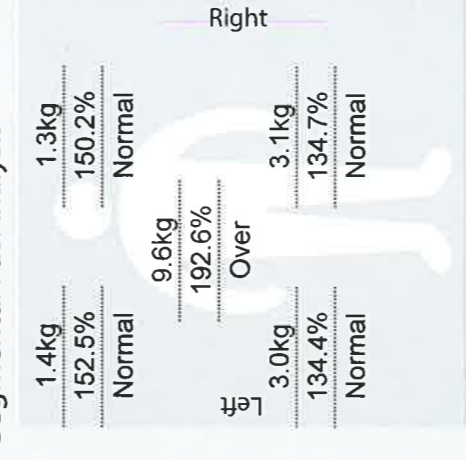
Research Parameters

Fat Free Mass	36.1 kg
Basal Metabolic Rate	1149 kcal (1201~1385)
Obesity Degree	105 % (90~110)
Recommended calorie intake	1484 kcal

Segmental Lean Analysis



Segmental Fat Analysis



Calorie Expenditure of Exercise

Golf	98	Gateball	105
Walking	111	Yoga	111
Badminton	125	Table Tennis	125
Tennis	167	Bicycling	167
Boxing	167	Basketball	167
Mountain Climbing	181	Jumping Rope	194
Aerobics	194	Jogging	194
Soccer	194	Swimming	194
Japanese Fencing	278	Racketball	278
Squash	278	Taekwondo	278

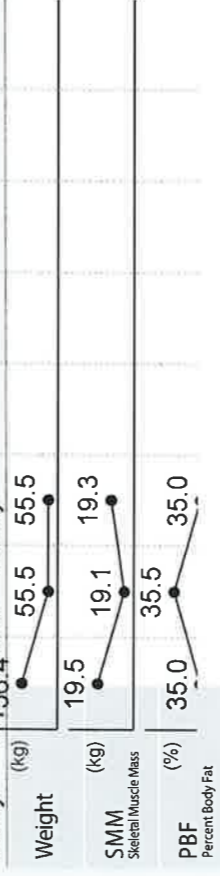
* Based on your current weight
 * Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



Body Composition History



Impedance

Z(φ) 20 kHz	457.1	483.4	25.7	334.6	337.7
100 kHz	417.0	438.9	22.4	301.4	304.9

RA LA TR RL LL

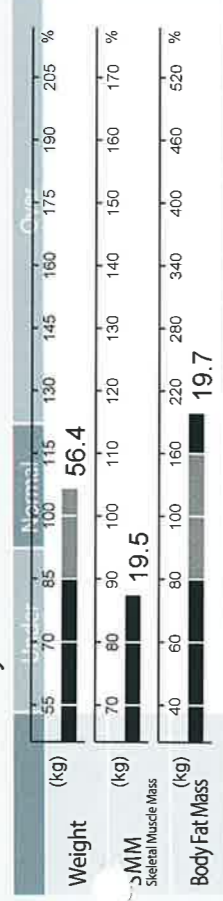
Zero.

ID 210718-4 | Height 157cm | Age 33 | Gender Female | Test Date & Time 21.07.2018. 17:55

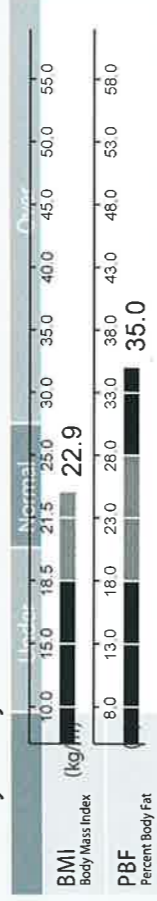
Body Composition Analysis

Total amount of water in body	Total Body Water (L)	26.8 (27.0~33.0)
For building muscles	Protein (kg)	7.2 (7.2~8.8)
For strengthening bones	Minerals (kg)	2.74 (2.49~3.05)
For storing excess energy	Body Fat Mass (kg)	19.7 (10.6~17.0)
Sum of the above	Weight (kg)	56.4 (45.0~61.0)

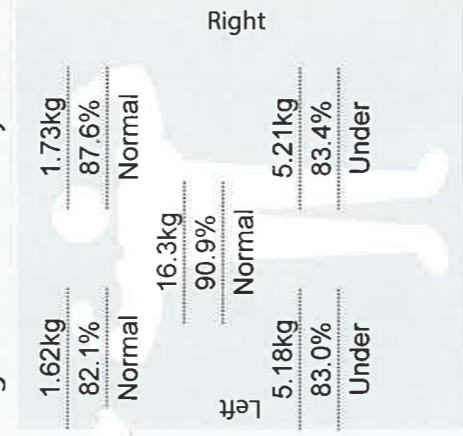
Muscle-Fat Analysis



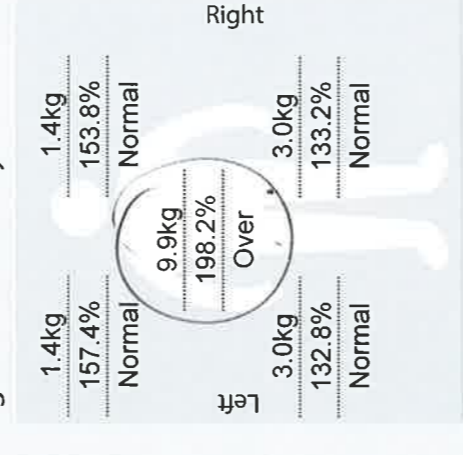
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History

Weight (kg)	56.4
SMM (kg)	19.5
PBF (%)	35.0

InBody Score

68/100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Weight Control

Target Weight 53.0 kg
 Weight Control - 3.4 kg
 Fat Control - 7.5 kg
 Muscle Control + 4.1 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over
 PBF Normal Slightly Over Over

Waist-Hip Ratio

0.88

Visceral Fat Level

Level 9

Research Parameters

Fat Free Mass 36.7 kg
 Basal Metabolic Rate 1162 kcal (1214~1402)
 Obesity Degree 106 % (90~110)
 Recommended calorie intake 1494 kcal

Calorie Expenditure of Exercise

Golf	99	Gateball	107
Walking	113	Yoga	113
Badminton	128	Table Tennis	128
Tennis	169	Bicycling	169
Boxing	169	Basketball	169
Mountain Climbing	184	Jumping Rope	197
Aerobics	197	Jogging	197
Soccer	197	Swimming	197
Japanese Fencing	282	Racketball	282
Squash	282	Taekwondo	282

*Based on your current weight
 *Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



Impedance

Z (Ω) 20 kHz 441.4 476.1 24.1 333.0 335.8
 100 kHz 405.0 434.7 21.0 300.6 304.6

TREATMENT PLAN(DR.ALCHINO)

PATIENT'S NAME		PATIENT'S DETAILS- DATE #04MAR2019		MOB	
Scalica	DOB-OLD	NATIONALITY	SEX	G.DISEASE	
	YEARS				

PHOTOGRAPHY		TREATMENT CHART																		
PERAPICAL																				
PANORAMA																				
CT																				
1	CR/BR																			
2	IMP																			
3	S.EXTRACTION																			
4	DIAGNOSIS																			
5	UPPER	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28			
6	LOWER	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38			
7	DIAGNOSIS																			
8	MRN-B.G																			
9	IMP																			4.2/11.5
10	CR/BR																			

TREATMENT COST		UNIT'S COST	UNITS	TOTAL COST
1	TREATMENT			
2	EXTRACTION			
3	IMPLANT-LGACY/ZIMMER			
4	MEMBRANE			
5	BONE GRAFT			
6	CROWN/BRIDGE(COVINTIONAL-DEGITAL)			
7	TEMPORARY/PROVISION/ MARYLAND BRIDGE(M.BR)			
8	SINUS LEFT			
	TOTAL			

TIEME MANAGEMENT			
1	EXTRACTION		
2	IMPLANTATION		
3	LOADING	PROVISION	PERMENANT

MEDICATION		
1	AMOCLAN	
2	ROVAMYCIN	
3	VOLTRIN	
4	SOLUCORTEF	
5	GENGIGEL	

PAYMENTS		PAID	R.BALANCE
#04MAR2012	900		



(Handwritten signature)

التاريخ: 2019-3-17

أنا الموقع أدناه: صليحة حليلة ربهوم صاحبة الملف رقم: 1000766 أقر باستلام واسترجاع كامل المبلغ المدفوع لمركز أوركيد الطبي وأخلي مسؤولية المركز من أي استحقاقات أو مسؤوليات تجاهي

الاسم: حليلة حليلة ربهوم

التوقيع:



Patient Paid 787.50

Discount: 367.50 For Scaling +

Refund 420





مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 787.50

RECEIPT VOUCHER

No: REC-002816

Date: 02-03-2019

Receive from Mr./Mrs./M/s. 1000766 - SALIHA HALIMA - 971552423851

The sum of Dhs. Seven Hundred Eighty Seven and Five Fills Only

By Cash 0.00 / By Credit Card 787.50 (Bank Charges: 0.00) / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No. Date:

Being ADVANCE PAID FOR TOOTH IMPLANT WILL PAY THE REST NEXT SESSION

Made by Rana

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 367.50

RECEIPT VOUCHER (No. REC-003146)

Date: 31-03-2019

Receive from Mr./Mrs./M/s. 1000766 - SALIHA HALIMA - 971552423851

The sum of Dhs. Three Hundred Sixty-Seven Dirhams and Fifty Fils Only

By Cash 0.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 367.50

Bank: Cheque No.

Date: 31-03-2019

Being PT DID SCALING + POLISHING + 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 : 1000766 - SALIHA HALIMA - 971552423851

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