



Date: 25/11/2018

File Number: 1001234

Patient Name: AL. ALI

إسم المريض: .....

Date Of Birth: 5/10/1997 Gender: M / F

Marital Status: (الجماعية): .....

Nationality: (الجنسية): .....

Phone No. (رقم الهاتف): 050 8622266

Address (العنوان): .....

How did you know about us: .....

E-MAIL: .....

عناويننا: .....

التاريخ الطبي Medical History		
الحالة الطبية Medical Condition	Yes/No نعم / لا	If 'YES' give details اذا كانت الاجابة نعم اذكر بالتفصيل
Recent or current drugs/Medical Treatment هل تتعاطى أي أدوية أو تتلقى أي علاجات حثيثاً؟	X	
Corticosteroids/Immunosuppressant هل تتعاطى أي سترويدات أو مثبطات للمناعة؟	X	
Allergies هل لديك أي حساسية؟	X	
Surgical Operations, Serious illness هل أجريت أي عمليات جراحية أو تعاني من أي امراض؟	X	
Cardiac surgery, Rheumatic fever, Endocarditis, Artificial heart valve, Congenital heart disease جراحة قلب، حمى روماتيزم، التهاب شغاف القلب، صمام قلب صناعي، امراض القلب	X	
High Blood Pressure, Bleeding disorders, Anticoagulants هل لديك ارتفاع في ضغط الدم، مشاكل في النزف أو تتعاطى أي مميعات للدم؟	X	
Anemia, Leukemia (فقر الدم)، لوكيميا (سرطان الدم)	X	
Chest disease, Asthma, Bronchitis, TB, Other امراض صدرية، أزمة تنفسية، التهاب في القصبات، السل، امراض اخرى	X	
Renal, Urinary, Sexually transmitted disease هل تعاني من أي امراض في الكلى أو امراض بولية أو تناسلية؟	X	
Pregnancy, Contraceptive pill, Menstrual problems هل انت حامل؟ هل تتعاطين أي مانع للحمل؟ هل تعطين من مشاكل في الدورة الشهرية؟	X	
Hepatitis, Jaundice, Other liver diseases التهاب الكبد الوبائي، الصفراء، أي امراض كبدية اخرى	X	
Peptic ulcer, Crohn's ulcerative colitis, Other قرحة معوية، داء كرون، أي امراض معوية اخرى؟	X	
Epilepsy, or any other neurological disease هل تعاني من الصرع أو أي امراض في الجهاز العصبي؟	X	
Thyroid Diseases, Diabetes هل تعاني من مرض السكري أو امراض الغدة الدرقية؟	X	
Other conditions HIV...etc هل تعاني من أي امراض أخرى؟ فيروس الإيدز، فيروس الحلا البسيط	X	

استمارة تقييم المريض Patient Assessment Form

المؤشرات الحيوية Vital Signs

Weight (الوزن): Kg	Height (الطول): cm	Blood Type (دم):
Pulse (النبض): ppm	Blood Pressure (ضغط الدم): /	Blood Sugar (سكر الدم):

سبب زيارة المريض للعيادة Chief Complaint

التاريخ المرضي: Disease History

الحساسية: Allergies

الأدوية: Medications

الحمل: Pregnancy

عمليات سابقة ، الجراحات السابقة: Previous Surgeries, Hospitalization

Smoking (التدخين): Y / N

Alcohol (الكحول): Y / N

Drugs (العقاقير): Y / N

الملاحظات العامة و السريرية General & Clinical Findings

الفحص Examination

الصور الشعاعية Radiography

التشخيص Diagnosis

File No: .....

Date: / /

**Treatment Plan** خطة العلاج

Lined area for writing the treatment plan.

Doctor's Signature and Stamp

.....

PATIENT NAME:

FILE NO#:

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
25/11/2018	wants veneer 20 tooth. impression is made upper & lower for wax up	500	φ	<u>Dr. Dalia</u>
27/11/2018	- veneer removal upper 10 & 10 Lower (plastic) - veneer preparation 20 tooth.			
	- Impression upper & lower + bite	4500	φ	
	- temporary veneers			
	- Filling for <u>41</u> tooth	150	φ	<u>Dr. Dalia</u>
29/11	Cheque	6550	φ	
1/12/2018				
	- Cementation of 20 veneers			<u>Dr. Dalia</u>



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 500.00

No: REC-001790

RECEIPT VOUCHER

Date: 25-11-2018

Receive from Mr./Mrs./M/s. **1001234 - ALI AL ALI - 971508622266**

The sum of Dhs. **Five Hundred Only**

By Cash **500.00** / 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 VENEER 20 UNITS**

Made by **Ghada**

**Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)**



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 4,500.00

RECEIPT VOUCHER

No: REC-001819

Date: 27-11-2018

Receive from Mr./Mrs./M/s. 1001234 - ALI AL ALI - 971508622266

The sum of Dhs. **Four Thousand Five Hundred Only**By Cash **4,500.00** / 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:

Paying **ADVANCE FOR VENEER 20 UNITS / OFFER 550 DHS TOTAL ADVANCE 5000 DHS - BAL 6550 NON REFUNDABLE**Made by **Ghada**

**Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)**





مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

150.00

RECEIPT VOUCHER (No. REC-001823)

Date: 27-11-2018

Receive from Mr./Mrs./M/s. 1001234 - ALI AL ALI - 971508622266

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

By Cash 0.00 / By Credit Card 150.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 27-11-2018

Being

Faten

Made by FATEN

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)







مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

11,550.00

RECEIPT VOUCHER (No. REC-001855)

Date: 29-11-2018

Receive from Mr./Mrs./M/s. 1001234 - ALI AL ALI - 971508622266

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

By Cash 0.00 / By Credit Card 0.00 / By Cheque 6,550.00 / By Bank Transfer 0.00 / By Allocated 5,000.00

Bank: Cheque No. 200

Date: 29-11-2018

Being

Made by Ghada

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



مركز أوركيديد الطبي  
ORCHID MEDICAL CENTER

1,310.00

RECEIPT VOUCHER (No. REC-002832)

Date: 03-03-2019

Receive from Mr./Mrs./M/s. 1001234 - ALI AL ALI - 971508622266

The sum of Dhs. **One Thousand Three Hundred Ten Dirhams and Zero Fils Only**

By Cash **1,310.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 03-03-2019

Being **Installment paid 1310 AED - Remaining 3930 AED**

Made by Rana

---

Tel : + 9716 555 8337, Fax: + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)



# WARRANTY CARD

**AL ANQA DENTAL LABORATORY LLC.**  
Al Mahatah, Al Quasimiya, Sharjah, UAE, Po Box  
29406, Mob 0522298562, 0522298502  
Email ; phoenixdentallab.2016@gmail.com

**DOCTOR; DALIA ELFAYOUMI  
CLINIC; ORCHID MC**

**DATE: 01.12.2018**

**AL ANQA DENTAL LABORATORY hereby warrant that the veneers made to**

**ALL are covered under our life time warranty scheme of 5 years from date of production**

**Dental laboratory will replace or repair and replace comparable restoration at no charge if the restoration breaks, crack with the use, however our warranty apply to normal wear and tear or in the event restoration damage. the result of misuse abuse and neglect ,accident, improper cleaning and improper application**

**This warranty letter must be presented in order to avail service under this warranty**

**AL ANQA DENTAL LABORATORY**





مركز أوركيده الطبي  
ORCHID MEDICAL CENTER

AED 1,600.00

RECEIPT VOUCHER (No. REC-003128)

Date: 30-03-2019

Receive from Mr./Mrs./M/s. 1001234 - ALI AL ALI - 971508622266

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

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

Bank: Cheque No.

Date: 30-03-2019

Being **INSTALLMENT PAID 1600 AED - REMAINING 2330 AED**

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 : 1001234 - ALI AL ALI - 971508622266

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)



مركز أوركيده الطبي  
ORCHID MEDICAL CENTER

AED 1,500.00

RECEIPT VOUCHER (No.REC-003536)

Date:01-05-2019

Receive from Mr./Mrs./M/s. 1001234 - ALI AL ALI - 971508622266

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

By Cash **1,500.00** / 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

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 : 1001234 - ALI AL ALI - 971508622266

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)



مركز أوركيديد الطبي  
ORCHID MEDICAL CENTER

AED 830.00

RECEIPT VOUCHER (No. REC-0039943)

Date: 03-06-2019

Receive from Mr./Mrs./M/s. 1001234 - ALI AL ALI - 971508622266

The sum of Dhs. **Eight Hundred Thirty Dirhams and Zero Fils Only**

By Cash **830.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 03-06-2019

Being **last installment paid full**

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 : 1001234 - ALI AL ALI - 971508622266

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)