

Date:

Name: Age: Sex:

Rx

W F Ey

Rejuva light only - 20mts - 700

Rejuva + Magic pollax - 30mts.

Magic pollax . only -

0 280
252

Date: 20/12/2018
Patient Name: Ghadah AL Ani
Date Of Birth (تاريخ الميلاد): 3/12/1985 Gender: M / F
Nationality (الجنسية): Iraqy Occupation (الوظيفة):
Address (العنوان): Shaqrah
E-MAIL: How did you know about us: Google

File Number: ka1375

اسم المريض: ka1375

Marital Status (الجماع):

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



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 المسؤول،
- أتفهم أن بعض الإجراءات الطبية والتشخيصية الإضافية قد تكون ضرورية من أجل تزويدي بالعلاج الأمثل و الخدمة الأفضل.
- أتفهم أنه من الممكن أن يكشف الطبيب خلال العلاج أموراً مختلفة عن ما ذكر في الفحص الأولي و التي قد تتطلب إجراءات إضافية أو مختلفة عن تلك المخطط لها.
- أفوض الطبيب المعالج باتخاذ كل الإجراءات الطبية و العلاجات اللازمة و المطلوبة بحكم خبرته المهنية و العلمية.
- أقر أنه لم يتم تقديم اي ضمانات او نتائج للعلاج و الإجراءات الطبية او التجميلية المقدمة لي، كما أتفهم الاخطار و المضاعفات الناتجة عن عدم استكمال علاج حالتي المرضية.
- أتفهم تماماً كافة الاخطار و المضاعفات التي قد تكون مصاحبة للفحوصات و الإجراءات العلاجية و الجراحية.
- و ادرك ان بعض الإجراءات التشخيصية و العلاجية و الجراحية قد تؤدي الي مضاعفات كالتهاب أو التورم أو النزيف أو الألم أو الحساسية
- أتفهم أن هناك رسوم بالحد الأدنى يجب علي دفعها مقابل الخدمة العلاجية و أن جميع الرسوم المطلوبة يجب أن تسدد بالكامل قبل الانتهاء من العلاج.
- أقر أن كافة المعلومات الطبية و التاريخ الطبي الذي قمته لدي قد بقي السلف صحيحة و أتفهم ان اي معلومات تتعلق 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 هم دون السن القانونية):

التاريخ: 20/12/2015

استمارة تقييم المريض Patient Assessment Form

المؤشرات الحيوية Vital Signs

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

سبب زيارة المريض للعيادة Chief Complaint

التاريخ المرضي: Disease History

الحساسيات Allergies

الأدوية Medications

الحمل Pregnancy

Previous Surgeries, Hospitalization
عمليات سابقة ، احوال المستشفى

Smoking (التدخين): Y / N

Alcohol (الكحول): Y / N

Drugs (تعاطي العقاقير): Y / N

الملاحظات العامة و السريرية General & Clinical Findings

الفحص Examination

الصور الشعاعية Radiography

التشخيص Diagnosis

File No:

Date: / /

خطة العلاج Treatment Plan

Doctor's Signature and Stamp

.....

PATIENT NAME:

FILE NO#:

د. خورن فوفان
Dr. Xorun Fofan
SIGNATURE
اجتماع التجميل
BALANCE
Specialist - Plastic Surgeon
MOH License No.: 727
Orchid Medical Centre
مركز اوركيد الطبي

DATE	TREATMENT	PAYMENT
30/12/18	4HR Face Body (Package 6 sessions)	1050
29/1/19	4HR Full Body Plus (Deka)	3950
27/2/19	4HR Full Body Plus (Deka)	
30/3/19	4HR Full Body Plus (Deka)	
28/4/19	4HR Full Body Plus (Deka)	
15/6/19	Full body body Plus (Deka)	
	Pkg 3 session full Plus Vitamin Deka	
	1050 per session 10% discount	
15/1/19	4HR full body + Deka	
19-7-2019	تنشيت كراوت	
2/11/19	4HR full body + اجتماع جلدية Dr. Wesam Marwan Al Tabbaa Dermatology specialist MOH License No.: 7826 Orchid Medical Centre مركز اوركيد الطبي	
	Dr. Amira Hassan ممارس عام - طبيب استنان عام G.P General Dentist ترخيص رقم: 057288 MOH License No.: 057288 Orchid Medical Centre مركز اوركيد الطبي	

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	Ghadah, Ghaleb, Othman, Al Ani	IDN:	784198585093903	Mother Name:	
Name (Ar)	غاده، غaleb، عثمان، اني	Card Number:	084623266	Mother Name (Ar):	
Title:		Nationality:	IRQ	Family ID:	
Title (Ar):		Nationality (Ar):	العراق		
Issue Date:	27/07/2017	Sex:	F	Sponsor Type:	07
Expiry Date:	10/07/2020	Date of Birth:	03/12/1985	Sponsor Name:	مركز راشد العسكري والابحث
Marital Status:	02	Husband IDN:		Sponsor Number:	00
Residency Type:	07	Residency Number:	40120157015342	Residency Expiry:	10/07/2020
ID Type:	IL	Occupation:	2224	Occupation Field:	00



Photo



Signature Image

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

12/30/2018

Patient's Name: Ghadah Afam

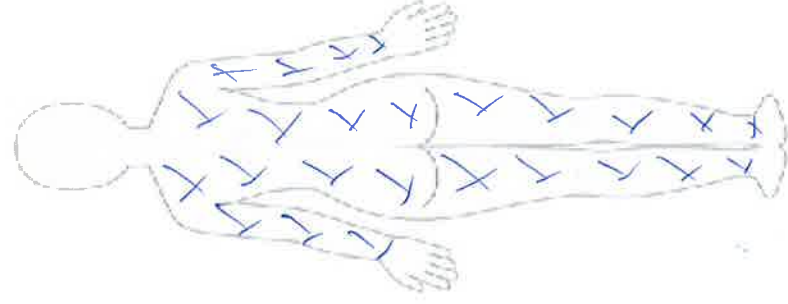
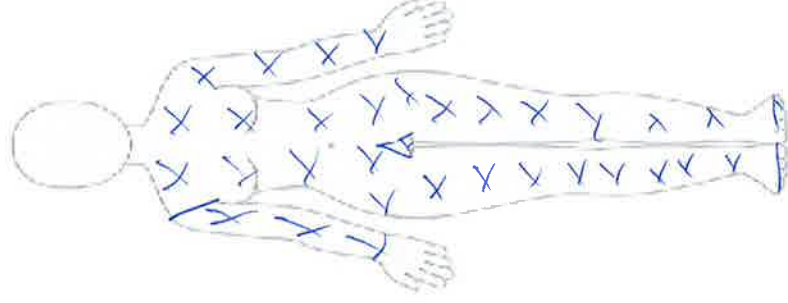
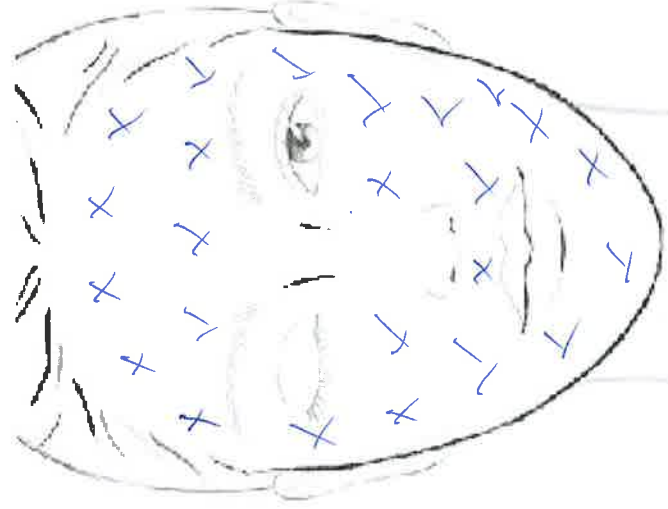
اسم المريض:

File Number: 1001375

Evaluation and consent form completed? Yes / No

Pain Relief given? Yes / No

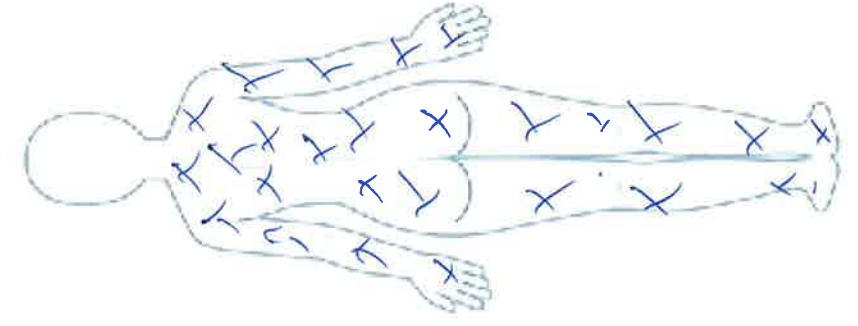
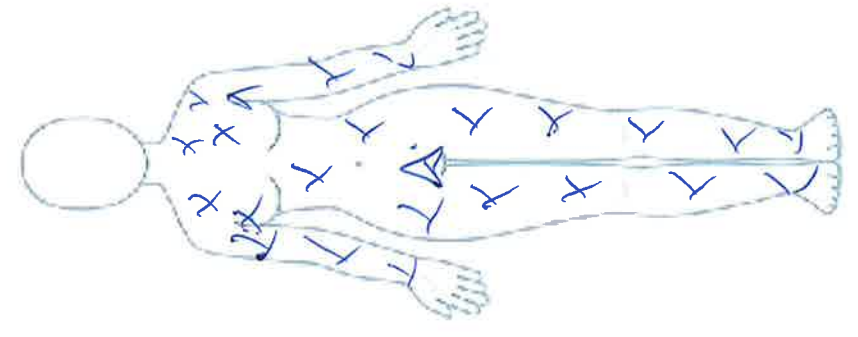
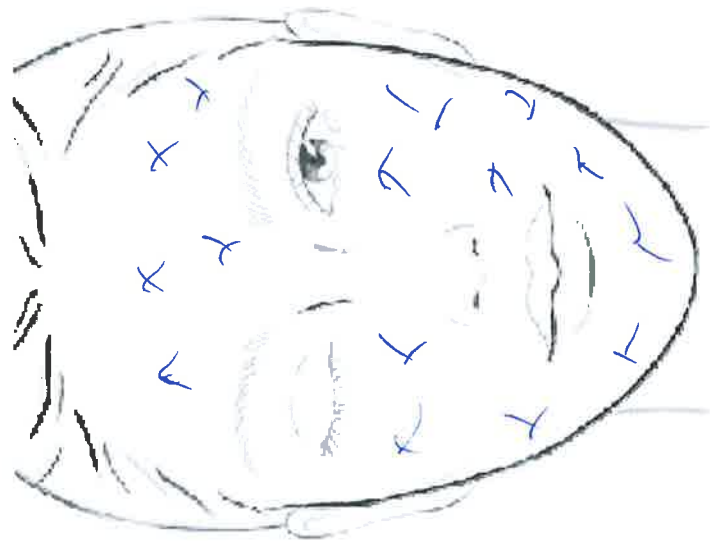
Pretreatment photography taken? Yes / No



	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Treatment Date	30/12/18	29/1/19	27/2/19	20/3/19	28/4/19	15/5/19
Treatment Area	Full Body + Dark, H-Thick, Medium	Full Body + Alex / Nonyag	Full Body + Alex / Nonyag	Full Body + Alex / Nonyag	Full Body + Alex	Full Body + Alex
Hair Type			Thin	Thin	Thin	Thin
Mode		Alex	Alex / Nonyag	Alex / Nonyag	Alex	Alex
Fluence		8/10-13	8/10-13	8/10-13	8/10-12	8/10-12
Pulse Type		Face: 7/10	Spot	Spot	Spot	Spot
CNT Pulse		Bikini: 15/20	17-20/15	8/10 / 16/20	9/10-12	9/10-12
Passes	1	1	1	1	1	1
Starting Time	2:00	4:30 PM	12:00	3 PM	1:30	3:30 PM
Finish Time	3:30 PM	6 PM	2 PM	4:45 PM	3 PM	5 PM
Post Treatment		BESSIE		Reese	Nabi	Reese
Therapist Name and Signature						

Therapist Name and Signature

Patient's Name: Yaqeen :اسم المريض
 File Number: رقم الملف
 Pain Relief given? Yes / No :تقديم تخفيف الألم نعم / لا
 Evaluation and consent form completed? Yes / No
 Pretreatment photography taken? Yes / No :تصوير ما قبل العلاج نعم / لا
1001375



	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Treatment Date	15/7/19	17/7/19				
Treatment Area	hair full body + soft ID	hair full body + soft ID				
Hair Type	Soft ID	Soft ID				
Mode	Alex (20)	Alex C20				
Fluence	10/10	10/10				
Pulse Type	8/18	Backen' 10/10				
CNT Pulse	3/9	5/15				
Passes	4:45 PM	4:30 PM				
Starting Time						
Finish Time						
Post Treatment						

Yaqeen

Therapist Name and Signature



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

1,050.00

RECEIPT VOUCHER (No.REC-002124)

Date:30-12-2018

Receive from Mr./Mrs./M/s. 1001375 - GHADAH AL ANI - 971555279388

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

By Cash 0.00 / By Credit Card 1,050.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 30-12-2018

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 3,950.00

RECEIPT VOUCHER

No: REC-002125

Date: 30-12-2018

Receive from Mr./Mrs./M/s. 1001375 - GHADAH AL ANI - 971555279388

The sum of Dhs. Three Thousand Nine Hundred Fifty Only

By Cash 0.00 / By Credit Card 3,950.00 (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 PLUS PLUS LHR-DEKA-BAL 1300 DHS - NON REFUNDABLE

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 1,300.00

RECEIPT VOUCHER

No: REC-002453

Date: 29-01-2019

Receive from Mr./Mrs./M/s. **1001375 - GHADAH AL ANI - 971555279388**

The sum of Dhs. **One Thousand Three Hundred Only**

By Cash **0.00** / By Credit Card **1,300.00 (Bank Charges: 0.00)** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: _____ Cheque No. _____ Date: _____

Being **BALANCE FOR 6 SESSIONS FULL BODY PLUS LHR - DEKA - NON REFUNDABLE**

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

1,050.00

RECEIPT VOUCHER (No. REC-002454)

Date: 29-01-2019

Receive from Mr./Mrs./M/s. 1001375 - GHADAH AL ANI - 971555279388

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

By Cash 0.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 1,050.00

Bank: Cheque No.

Date: 29-01-2019

Being

Made by Ghada

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



مركز أوركيڤد الطبي
ORCHID MEDICAL CENTER

1,050.00

RECEIPT VOUCHER (No.REC-002771)

Date:27-02-2019

Receive from Mr./Mrs./M/s. 1001375 - GHADAH AL ANI - 971555279388

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

By Cash **0.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **1,050.00**

Bank: Cheque No. Date: **27-02-2019**

Being **FULL BODY PLUS 3RD SESSION FROM PACKAGE OF 6 SESSION**

Made by **Rana**

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



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

AED 1,050.00

RECEIPT VOUCHER (No.REC-003143)

Date:30-03-2019

Receive from Mr./Mrs./M/s. 1001375 - GHADAH AL ANI - 971555279388

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

By Cash 0.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 1,050.00

Bank: Cheque No.

Date: 30-03-2019

Being FULL BODY PLUS + 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 : 1001375 - GHADAH AL ANI - 971555279388

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 1,050.00

RECEIPT VOUCHER (No.REC-003483)

Date:28-04-2019

Receive from Mr./Mrs./M/s. 1001375 - GHADAH AL ANI - 971555279388

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

By Cash 0.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 1,050.00

Bank: Cheque No.

Date: 28-04-2019

Being FULL BODY PLUS + 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 : 1001375 - GHADAH AL ANI - 971555279388

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



مركز أوركيذ الطبي
ORCHID MEDICAL CENTER

AED 2,646.00

RECEIPT VOUCHER

No: REC-004055

Date: 15-06-2019

Receive from Mr./Mrs./M/s. 1001375 - GHADAH AL ANI - 971555279388

The sum of Dhs. **Two Thousand Six Hundred Fourty Six Only**

By Cash **0.00** / By Credit Card **2,646.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank:

Cheque No.

Date:

By **ADVANCE FOR 3 SESSION FULL BODY PLUS LASER + 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

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 2,976.75

RECEIPT VOUCHER (No.REC-004390)

Date:14-07-2019

Receive from Mr./Mrs./M/s. 1001375 - GHADAH AL ANI - 971555279388

The sum of Dhs. **Two Thousand Nine Hundred Seventy-Six Dirhams and Seventy-Five Fils Only**

By Cash **0.00** / By Credit Card **330.75** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **2,646.00**

Bank: Cheque No.

Date: 14-07-2019

Being **3 SESSION FULL BODY PLUS + 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 : 1001375 - GHADAH AL ANI - 971555279388

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

www.omc1.ae



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 78.75

RECEIPT VOUCHER (No. REC-004542)

Date: 29-07-2019

Receive from Mr./Mrs./M/s. 1001375 - GHADAH AL ANI - 971555279388

The sum of Dhs. Seventy-Eight Dirhams and Seventy-Five Fils Only

By Cash 0.00 / By Credit Card 78.75 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 29-07-2019

Being Crown Cementation + 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 : 1001375 - GHADAH AL ANI - 971555279388

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 150.00

RECEIPT VOUCHER (No.REC-005110)

Date:16-09-2019

Receive from Mr./Mrs./M/s. **1001375 - GHADAH AL ANI - 971555279388**

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: **16-09-2019**

Being **COMPOSITE FILLING**

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 : **1001375 - GHADAH AL ANI - 971555279388**

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