



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

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

Date: 29/1/2019 File Number: 15015300
Patient Name: Wasim Ghanim اسم المريض
Date Of Birth: 25/5/1997 (تاريخ الميلاد) Gender: M / F (الحالة الاجتماعية) Marital Status:
Nationality: Syrian (الجنسية) Occupation: Phone No. (رقم الهاتف): 052 7772313
Address (العنوان): Salah How did you know about us: كوكبي
E-MAIL:

التاريخ الطبي	
Medical Condition	الحالة الطبية
Recent or current drugs/Medical Treatment	هل تناولت أي أدوية أو تلقيت أي علاجات حديثة؟
Corticosteroids/Immunosuppressant	هل تناولت أي ستيرويدات أو مثبطات للمناعة؟
Allergies	هل لديك أي حساسية؟
Surgical Operations, Serious illness	هل أجريت أي عمليات جراحية أو تعاني من أي أمراض؟
Cardiac surgery, Rheumatic fever, Endocarditis, Artificial heart valve, Congenital heart disease	جراحة قلب، حمى روماتويدية، التهاب شغاف القلب، صمام قلب صناعي، أمراض القلب
High Blood Pressure, Bleeding disorders, Anticoagulants	هل لديك ارتفاع في ضغط الدم، مشاكل في النزيف أو تناولت أي مميعات للدم؟
Anemia, Leukemia (سرطان الدم)	انيميا (نقر الدم)، لوكيميا (سرطان الدم)
Chest disease, Asthma, Bronchitis, TB, Other	أمراض صدرية، أزمة تنفسية، التهاب في القصبات، السل، أمراض أخرى
Renal, Urinary, Sexually transmitted disease	هل تعاني من أي أمراض في الكلى أو أمراض بولية أو تناسلية؟
Pregnancy, Contraceptive pill, Menstrual problems	هل أنت حامل؟ هل تتعاطين أي منع للحمل؟ هل تعطين من مشاكل في الدورة الشهرية؟
Hepatitis, Jaundice, Other liver diseases	التهاب الكبد الوبائي، الصفراء، أمراض كبدية أخرى
Peptic ulcer, Crohn's ulcerative colitis, Other	قرحة معوية، داء كرون، أي أمراض معوية أخرى؟
Epilepsy, or any other neurological disease	هل تعاني من الصرع أو أي أمراض في الجهاز العصبي؟
Thyroid Diseases, Diabetes	هل تعاني من مرض السكر أو أمراض الغدة الدرقية؟
Other conditions	هل تعاني من أي أمراض أخرى؟
HSV, HIV...etc	فيروس الإيدز، فيروس الحلا البسيط...etc

Treatment Plan خطة العلاج

Non Extraction TE plan for One Year
Ray - 3500 + Retainer charge 700 Extra

 29/1/2019

Doctor's Signature and Stamp

.....

PATIENT NAME:

FILE NO#:

1200
Balance for braces + Retainer
To finish Day

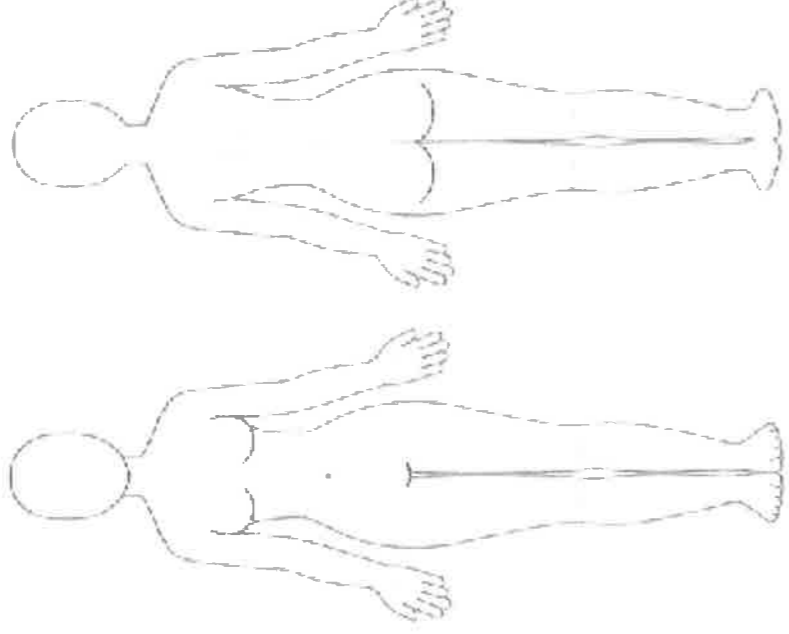
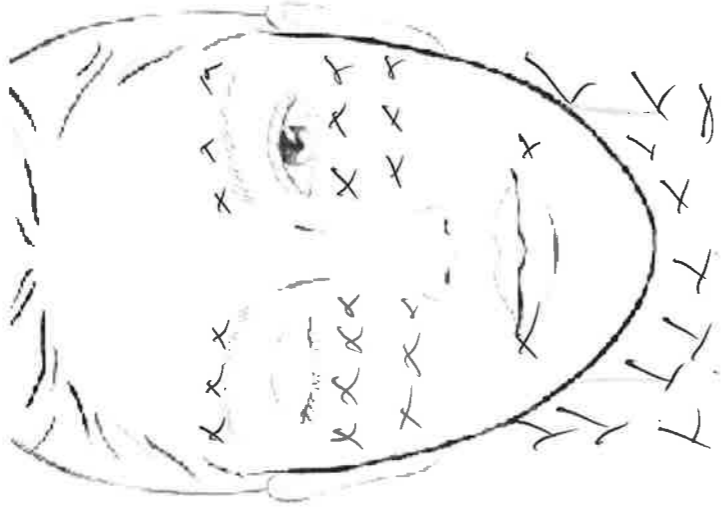
DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
28/1	Down Payment for braces	200	900	
2/2/2019	Upper bonding done in 010 Roth, 022 file 012 N, T: ligature NV - lower bonding	800		
2/5/2019	lower bonding done 016 - upper, 072 lower	300		
1/9/2019	Same wire Activation down - tighten belly	300		
3/6/2019	076 New NiTi upper 012 N, T: in lower arch fully engaged it.	300		
1/7/2019	118 in lower arch for crowding 076 RCS - upper & 016 NiTi lower	300		
2/10/2019	016 022 lower NiTi	300		
5/2/2020	076 2022 RCS upper - 076 022 lower	300		
6/3/2020	076 2022 RCS upper	300		

Patient's Name: Wasim Ghani اسم المريض

File Number: رقم الملف

Pain Relief given? Yes / No 100% 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	4/5/20	3/6/20				
Treatment Area	Beard + Neck	Beard Neck				
Hair Type	M.D.	M.D.				
Mode	MD	MD				
Fluence	14J/cm²	14J/cm²				
Pulse Type	8/13 ms	8/13 ms				
CNT Pulse	1 Pass	1 Pass				
Passes	8PM	8PM				
Starting Time	Finish	Finish				
Finish Time						
Post Treatment						

Therapist Name and Signature



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 200.00

RECEIPT VOUCHER

No: REC-007977

Date: 04-03-2020

Receive from Mr./Mrs./M/s. **1001530 - WASIM GHANIM - 971521006090**The sum of Dhs. **Two Hundred Only**By Cash **200.00** / 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 BRACES FOLLOW UP + 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

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



مركز أوركيذ الطبي
ORCHID MEDICAL CENTER

AED 525.00

RECEIPT VOUCHER (No. REC-008688)

Date: 04-05-2020

Receive from Mr./Mrs./M/s. 1001530 - WASIM GHANIM - 971521006090

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

By Cash 250.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 275.00

Bank: Cheque No.

Date: 04-05-2020

Being 6 sessions beard + 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 : 1001530 - WASIM GHANIM - 971521006090

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

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	Wasim Mazen,,, Ghanim	IDN:	784199775362140	Mother Name:	
Name (Ar)	وسيم مازن,,, غانيم	Card Number:	092074515	Mother Name (Ar):	
Title:		Nationality:	SYR	Family ID:	
Title (Ar):		الجنسية العربية السورية			
Issue Date:	06/12/2018	Sex:	M	Sponsor Type:	03
Expiry Date:	04/12/2019	Date of Birth:	25/05/1997	Sponsor Name:	مازن حسن غانم
Marital Status:	01	Husband IDN:		Sponsor Number:	05569964
Residency Type:	03	Residency Number:	30119973083222	Residency Expiry:	04/12/2019
ID Type:	IL	Occupation:	11	Occupation Field:	00



Photo

Signature Image

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

1/29/2019



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 200.00

RECEIPT VOUCHER

No: REC-002450

Date: 29-01-2019

Receive from Mr./Mrs./M/s. **1001530 - WASIM GHANIM - 971527272313**The sum of Dhs. **Two Hundred Only**By Cash **0.00** / By Credit Card **200.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

Being **ADVANCE FOR BRACES TREATMENT - TOTAL 1000 DHS- NON REFUNDABLE**Made by **Ghada**

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مركز أوركيديد الطبي
ORCHID MEDICAL CENTER

1,050.00

RECEIPT VOUCHER (No.REC-002497)

Date:02-02-2019

Receive from Mr./Mrs./M/s. 1001530 - WASIM GHANIM - 971527272313

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

By Cash **850.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **200.00**

Bank: Cheque No.

Date: 02-02-2019

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

300.00

RECEIPT VOUCHER (No.REC-002813)

Date:02-03-2019

Receive from Mr./Mrs./M/s. 1001530 - WASIM GHANIM - 971527272313

The sum of Dhs. **Three Hundred Dirhams and Zero Fils Only**By Cash **300.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **02-03-2019**Being **BRACES_ FOLLOW UP**Made by **Rana**

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : info@omc1.ae
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مركز أوركيده الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-003172)

Date:01-04-2019

Receive from Mr./Mrs./M/s. 1001530 - WASIM GHANIM - 971527272313

The sum of Dhs. Three Hundred Fifteen Dirhams and Zero Fils Only

By Cash 315.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 01-04-2019

Being BRACES FOLLOW UP + 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 : 1001530 - WASIM GHANIM - 971527272313

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

No: REC-003507

RECEIPT VOUCHER

AED 250.00

Date: 30-04-2019

Receive from Mr./Mrs./M/s. 1001530 - WASIM GHANIM - 971527272313

The sum of Dhs. **Two Hundred Fifty Only**By Cash **250.00** / 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:

3 ADVANCE FOR BRACES FOLLOW UPMade 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

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-004269)

Date:01-07-2019

Receive from Mr./Mrs./M/s. 1001530 - WASIM GHANIM - 971527272313

The sum of Dhs. **Three Hundred Fifteen 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 **315.00**

Bank: Cheque No.

Date: 01-07-2019

Being **braces follow up + 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 : 1001530 - WASIM GHANIM - 971527272313

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www.omc1.ae



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-004269)

Date:01-07-2019

Receive from Mr./Mrs./M/s. 1001530 - WASIM GHANIM - 971527272313

The sum of Dhs. **Three Hundred Fifteen 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 **315.00**

Bank: Cheque No.

Date: 01-07-2019

Being **braces follow up + 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 : 1001530 - WASIM GHANIM - 971527272313

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 695.00

RECEIPT VOUCHER

No: REC-004268

Date: 01-07-2019

Receive from Mr./Mrs./M/s. **1001530 - WASIM GHANIM - 971527272313**The sum of Dhs. **Six Hundred Ninety Five Only**By Cash **695.00** / 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 braces treatment

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

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 200.00
RECEIPT VOUCHER
No: REC-005702
Date: 29-10-2019

Receive from Mr./Mrs./M/s. **1001530 - WASIM GHANIM - 971527272313**

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

By Cash **200.00** / 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 **BRACES FOLLOW UP**

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

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

No: REC-007512

RECEIPT VOUCHER

AED 275.00

Date: 07-02-2020

Receive from Mr./Mrs./M/s. **1001530 - WASIM GHANIM - 971521006090**The sum of Dhs. **Two Hundred Seventy Five Only**By Cash **275.00** / By Credit Card **0.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

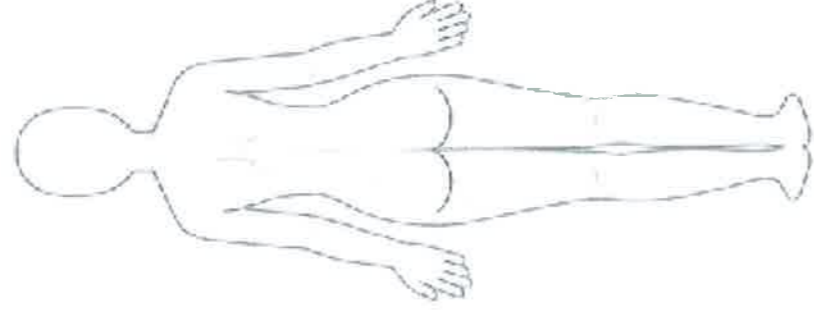
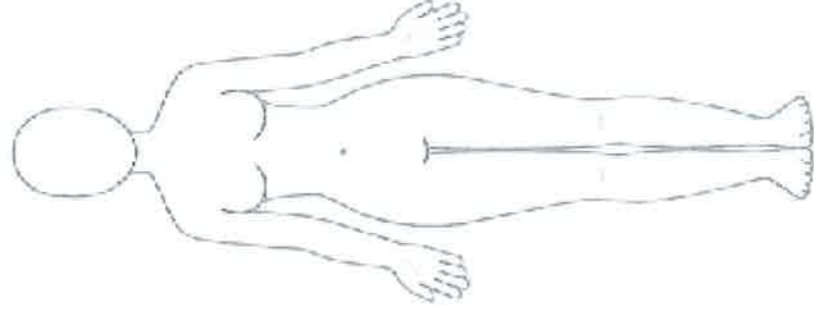
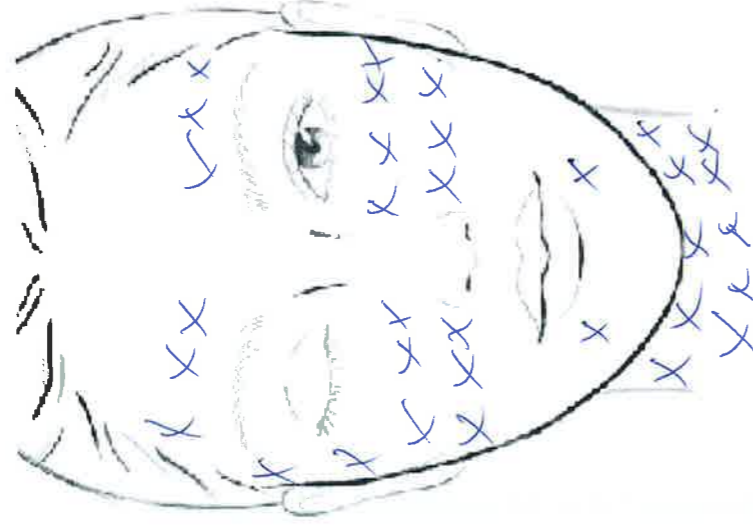
Bank: Cheque No. Date:

Being **ADVANCE FOR BEARD LINE + NECK 6SESSIONS BALANCE 250**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

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : info@omc1.ae
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Patient's Name: Wasim رقم المريض: 1001530
 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	7/2/20	5/3/20				
Treatment Area	BFN	Beard + neck				
Hair Type	Thick	M/Thick ID				
Mode	ray (16)	ray 16				
Fluence	16.5/17.5	18.7/15.0p				
Pulse Type						
CNT Pulse						
Passes	1 pass	1 pass				
Starting Time						
Finish Time	6-15pm					
Post Treatment	Hyaluronic acid	Hyaluronic acid				

Therapist Name and Signature