



Date: 30/01/2019

File Number: 1091538

Patient Name: Reem Ahmed Essa Al Mansoori اسم المريض: ريم أحمد عيسى المنصور

Date Of Birth: 4/2/2006 Gender: M (تاريخ الميلاد): 4/2/2006 (الجنس): M

Marital Status: Single (الحالة الاجتماعية): Single

Nationality: Saudi (الجنسية): Saudi

Occupation: (الوظيفة):

Address: R.A.K. U.A.E. (العنوان): R.A.K. U.A.E.

Phone No: 050-3058530 (رقم الهاتف): 050-3058530

E-MAIL: Sit.Duccrak.com How did you know about us: Google

التاريخ الطبي Medical History		
الحالة الطبية Medical Condition	Yes/No نعم / لا	If 'YES' give details إذا كانت الإجابة نعم انكر بالتفصيل
Recent or current drugs/Medical Treatment هل تتعاطى أي أدوية أو تتلقى أي علاجات حديثاً؟	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 تعاني 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 للدم؟	No	
Anemia, Leukemia (سرطان الدم) أنيميا (فقر الدم)، لوكميا (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 تعاني من أي أمراض في الكلى أو أمراض بولية أو تناسلية؟	No	
Pregnancy, Contraceptive pill, Menstrual problems هل أنت حامل؟ هل تتعاطين أي ملتح للحملى؟ هل تعانين من مشاكل في الدورة الشهرية؟	No	
Hepatitis, Jaundice, Other liver diseases التهاب الكبد الوبائي، الصفراء، 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 تعاني من الصرع أو أي أمراض في الجهاز العصبي؟	No	
Thyroid Diseases, Diabetes هل تعاني من مرض السكري أو أمراض الغدة الدرقية؟	No	
Other conditions HSV, HIV...etc هل تعاني من أي أمراض أخرى؟ فيروس الإيدز، فيروس الحلا السيط...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: ٢٥/٤/ 2٠١٩

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 الأفضل و الخدمة الأفضل.
- أتفهم أنه من الممكن أن يكشف الطبيب خلال العلاج أمور مختلفة عن ما ذكر في الفحص الأولي و التي قد تتطلب إجراءات إضافية أو مختلفة عن تلك المخطط لها.
- أفوض الطبيب المعالج بانخاذ كل الإجراءات الطبية و العلاجات اللازمة و المطلوبة بحكم خبرته المهنية و العلمية.
- أقر أنه لم يتم تقديم اي ضمانات أو تأمين لنتائج العلاجات و الإجراءات الطبية أو التجميلية المقدمة لي، كما أتفهم الاخطار و المضاعفات الناتجة عن عدم استكمال علاج حالتي المرضية.
- أتفهم تماما 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 كالالتهاب 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 ان تسدد بالكامل قبل الانتهاء من العلاج.
- أقر أن كافة المعلومات الطبية و التاريخ الطبي الذي قدمت لي قد بقي السلف صحيحة و أتفهم ان اي معلومات تتعلق بحالتي الصحية ستبقى سرية تماما 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):

التاريخ: ٢٥/٤/ ٢٠١٩

استمارة تقييم المريض Patient Assessment Form

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

سبب زيارة المريض للعيادة Chief Complaint

التاريخ المرضي: Disease History

الحساسية Allergies

الأدوية Medications

الحمل Pregnancy

Previous Surgeries, Hospitalization
عمليات سابقة ، ائحال المستشفى

Smoking (التخين): Y / N

Alcohol (الكحول): Y / N

Drugs (تعاقي العقاقير): Y / N

الملاحظات العامة و السريرية General & Clinical Findings

الفحص Examination

OK.

الصور الشعاعية Radiography

التشخيص Diagnosis

Upper anterior Crowding & lower ant. crowding
3/3 emptying
E/E retained, class I Molar

Treatment Plan خطة العلاج

Tc plan → OPG for E/E 2-5/5 Position

Non extraction plan after 6 months reevaluation

Tf Cost → 3500, Down payment 1000
retainer cost extra



Doctor's Signature and Stamp

.....

PATIENT NAME:

FILE NO#:

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
2/2/2019	Upper bonding done w- 078 Rom Kel 072 NiTi ligature SFS bracket at E1E now because in OPG SFS Impacted upper Imp. Photo done: ff	1000		
5/3/2019	New 012 NiTi ligature for E12 tighten ff	300		
9/4/2019	lower Bonding done, OTier Chy- fully Engaged +2 ff	300		
12/5/2019	076 Upper NiTi E1 extracted by RD Same - 012 done for itz for drubin	300		
24/6/2019	Bonding at unerupted Sf, 011 Thermoelastic NiTi wph 076 lower ff	300		
7/10/2019	016x022 U/L NiTi ligature w- 1BR in lower arch ff	300		
2/10/2019	Same wire Vertical elastic ff Next time 15 bonding ff	300		



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 200.00

RECEIPT VOUCHER

No: REC-002469

Date: 30-01-2019

Receive from Mr./Mrs./M/s. **1001538 - REEM AHMED MANSOORI MANSOORI - 971504111407**


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

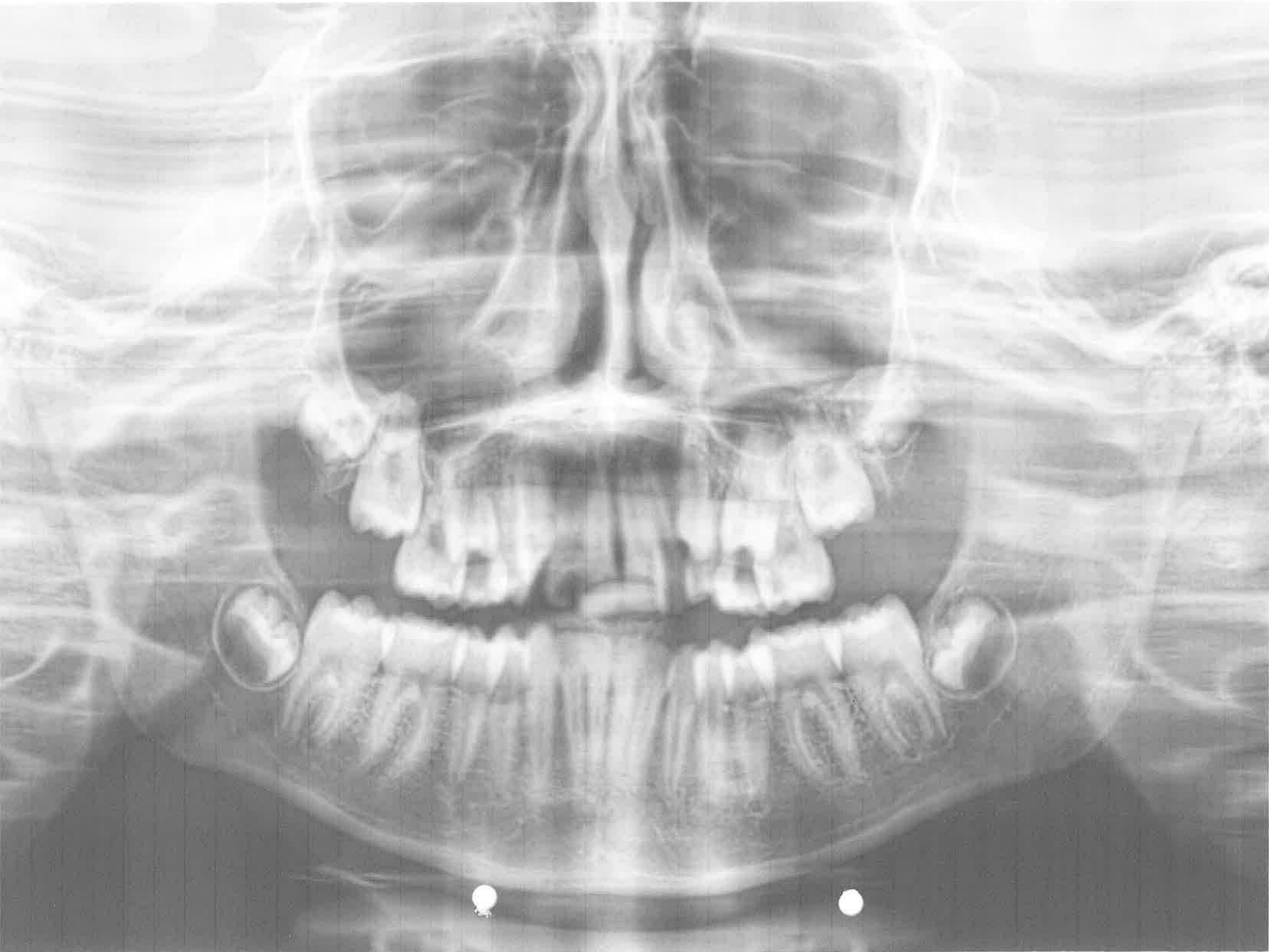
By Cash **200.00** / By Credit Card **0.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

Being **200 ADVANCE COLLECTED FOR 3500 BRACES/RETAINER COST EXTRA**

Received 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-002498)

Date:02-02-2019

Receive from Mr./Mrs./M/s. 1001538 - REEM AL MANSOORI - 971504111407

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: 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

315.00

RECEIPT VOUCHER (No.REC-002864)

Date:05-03-2019

Receive from Mr./Mrs./M/s. 1001538 - REEM AL MANSOORI - 971504111407

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: 05-03-2019

Being **FIRST FOLLOW UP 300 + 15 VAT**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 315.00

RECEIPT VOUCHER (No. REC-003288)

Date: 09-04-2019

Receive from Mr./Mrs./M/s. 1001538 - REEM AL MANSOORI - 971504111407

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

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

Bank: Cheque No.

Date: 09-04-2019

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 : 1001538 - REEM AL MANSOORI - 971504111407

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مركز أوركيده الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No. REC-003667)

Date: 12-05-2019

Receive from Mr./Mrs./M/s. 1001538 - REEM AL MANSOORI - 971504111407

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: 12-05-2019

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 : 1001538 - REEM AL MANSOORI - 971504111407

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No. REC-004183)

Date: 24-06-2019

Receive from Mr./Mrs./M/s. 1001538 - REEM AL MANSOORI - 971504111407

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

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

Bank: Cheque No.

Date: 24-06-2019

Being BRACES FOLLOW UP + 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 : 1001538 - REEM AL MANSOORI - 971504111407

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-004675)

Date:07-08-2019

Receive from Mr./Mrs./M/s. 1001538 - REEM AL MANSOORI - 971504111407

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

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

Bank: Cheque No.

Date: 07-08-2019

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 : 1001538 - REEM AL MANSOORI - 971504111407

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ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-005349)

Date:02-10-2019

Receive from Mr./Mrs./M/s. 1001538 - REEM AL MANSOORI - 971504111407

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

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

Bank: Cheque No.

Date: 02-10-2019

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 : 1001538 - REEM AL MANSOORI - 971504111407

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مركز أوركيد الطبي
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AED 315.00

RECEIPT VOUCHER (No.REC-006238)

Date:29-11-2019

Receive from Mr./Mrs./M/s. 1001538 - REEM AL MANSOORI - 971504111407

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

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

Bank: Cheque No.

Date: 29-11-2019

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 : 1001538 - REEM AL MANSOORI - 971504111407

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-007332)

Date:29-01-2020

Receive from Mr./Mrs./M/s. 1001538 - REEM AL MANSOORI - 971504111407

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

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

Bank: Cheque No.

Date: 29-01-2020

Being 1 SESSION FOLLOW UP + 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 : 1001538 - REEM AL MANSOORI - 971504111407

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-007926)

Date:29-02-2020

Receive from Mr./Mrs./M/s. 1001538 - REEM AL MANSOORI - 971504111407

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

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

Bank: Cheque No.

Date: 29-02-2020

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 : 1001538 - REEM AL MANSOORI - 971504111407

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-007926)

Date:29-02-2020

Receive from Mr./Mrs./M/s. 1001538 - REEM AL MANSOORI - 971504111407

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

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

Bank: Cheque No.

Date: 29-02-2020

Being BRACES FOLLOW UP + VAT LAST PAYMENT FOR BRACES

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 : 1001538 - REEM AL MANSOORI - 971504111407

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