مركز أوركيد الطبي
ORCHID MEDICAL CENTER

File No#: 1001592 Date: 9/2/2017

Patient Name: Muaab Ali Sulieman AL-Nawafleh اسم المريض:

Date of Birth(تاريخ الميلاد) : 12/10/1989 Gender (الجنس): M / F

Nationality(الجنسية) : Jordan Occupation (الوظيفة):

Marital Status (الحالة الاجتماعية): Single Phone No. (رقم الهاتف): 0559719267

E.MAIL: m.Nawafleh1989@gmail.com

How Did You Know About Us? Dr. Dalya

	Medical Condition الحالة الطبية	Yes/No لا/نعم	If 'YES' give details اذا كانت الاجابة نعم اذكر بالتفصيل
	Recent or current drugs/Medical Treatment هل تتعاطى أي أدوية او تتلقى اي علاجات حديثا؟	Yes/No لا/نعم	No
	Cortisteroids/Immunosuppressant هل تتعاطى أي ستروييدات او مثبطات للمناعة؟	Yes/No لا/نعم	No
	Allergies هل لديك أي حساسية؟	Yes/No لا/نعم	
	Surgical Operations, Serious Illness هل اجريت أي عمليات جراحية او تعاني من اي امراض؟	Yes/No لا/نعم	Yes
CVS	Cardiac surgery, Rheumatic fever, Endocarditis, Artificial heart valve, Congenital heart disease جراحة قلب، حمى روماتويد، التهاب شغاف القلب، صمام قلب صناعي، امراض القلب	Yes/No لا/ نعم	No
	High Blood Pressure, Bleeding disorders, Anticoagulants هل لديك ارتفاع في ضغط الدم، مشاكل في النزيف او تتعاطى أي مميعات للدم؟	Yes/No لا/ نعم	No
	Anemia, Leukemia انيميا (فقر الدم)، لوكيميا (سرطان الدم)	Yes/No لا/ نعم	No
RS	Chest disease, Asthma, Bronchitis, TB, Other امراض صدرية، ازمة تنفسية، التهاب في القصبات، السل، امراض اخرى	Yes/No لا / نعم	امراض صدرية
GU	Renal, Urinary, Sexually transmitted disease هل تعاني من اي امراض في الكلى او امراض بولية او تناسلية؟	Yes/No لا/ نعم	No
	*for ladies: Pregnancy, Contraceptive pill, Menstrual problems *للنساء:هل انت حامل؟ هل تتعاطين اي مقع للحمل؟ هل تعانين من مشاكل في الدورة الشهرية؟	Yes/No لا /نعم	
GI	Hepatitis, Jaundice, Other liver diseases التهاب الكبد الوبائي ، الصفراء، اي امراض كبدية اخرى	Yes/No لا / نعم	No
	Peptic ulcer, Crohn's ulcerative colitis, Other قرحة معوية، داء كرون، أي امراض معوية أخرى؟	Yes/No لا / نعم	No
CNS	Epilepsy, or any other neurological disease هل تعاني من الصرع او اي امراض في الجهاز العصبي؟	Yes/No لا/ نعم	No
ENDO	Thyroid Diseases, Diabetes هل تعاني من مرض السكري او امراض الغدة الدرقية؟	Yes/No لا /نعم	No
Other	Other conditions؟هل تعاني من أي أمراض أخرى HSV, HIV...etc فيروس الايدز، فيروس الحلأ البسيط	Yes/No لا / نعم	No

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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 such procedure, which are advisable in their professional judgment.

I understand that no warranty or guarantee has been made to me as to a result or cure just as there may be risks and hazards in continuing my present condition without treatment, there are also risk and hazards to the performance of the diagnostic and /or surgical procedure. I realize that common surgical or diagnostic procedure are potential for an infection, swelling, bleeding and allergic reaction.

I understand that there are minimal fees to be paid per service and that all fees must be paid in full after the completion of each treatment.

I understand that any information that I provide regarding my medical status will be kept completely confidential and anonymous.

I believe that I have sufficient information to give this consent. I certify that form has been fully explained to me and that I have read it understand its contents.

Patient Signature/ Guardian (In case of minors):

Date: 9/21/2019

نموذج إقرار طبي

- اوافق و اسمح للطبيب بعلاج حالتي المرضية والتي تم شرحها لي من قبل الطبيب المختص و المؤهل.
- أتفهم انه من أجل تزويدي بالعلاج الأمثل و الخدمة الأفضل، فإن بعض التشخيصات و الاجراءات الطبية الاضافية سوف تكون ضرورية لاستكمال العلاج.
- وأنا أتفهم أن من الممكن ان يكتشف الطبيب خلال العلاج حالات أخرى أو مختلفة عن ما ذكر في الفحص الاولي، والتي قد تتطلب إجراءات إضافية أو مختلفة عن تلك المخطط لها.
- أفوض الطبيب المعالج بإجراء العلاجات اللازمة و المطلوبة بحكم خبرتهم المهنية و العلمية.
- أتفهم أنه ليس هنالك أي ضمانات او أي تأمين لنتائج العلاج كما أتفهم ان هناك مخاطر ناتجة عن عدم استكمال علاج حالتي المرضية، و اتفهم تماما كافة الاخطار الناجمة عن الفحوصات و الاجراءات العلاجية و الجراحية. و اتفهم احتمالية حدوث عدوى أو تورم أو نزيف أو حساسية نتيجة للفحص أو الإجراء الطبي
- أتفهم ان هناك رسوم بالحد الادنى يجب دفعها مقابل الخدمة العلاجية و أن جميع الرسوم المطلوبة يجب سدادها مباشرة بعد الانتهاء من كل علاج.
- إن أي معلومات أقدمها بخصوص حالتي الصحية ستبقى سرية تماما ولا يمكن الاطلاع عليها دون موافقتي.
- أقر أني امتلك المعلومات الكافية لتوقيع هذا الاقرار. و ان هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيل هذا الاقرار.

توقيع المريض / الوصي :

التاريخ:

11/2/2019

① - Extraction of ⌊8 tooth

② - Impression

③ 4 composite Fillings one Surface each.

④ - post + core For ⌊4.

⑤ - scalling & polishing.

Dr. Dalia

paid 5000 Dhs.

17/2/2019

- preparation of 5 4 3 2 1 | 1 2 3 4 5

2 Zirconia / 8 veneers.

+ Impression + bite + temporary. Fixation

Dr. Dalia

For Doctor's Use Only لاستعمال الطبيب فقط

Weight: _____ **Height:** _____ **Blood Type:** _____

Chief Complaint: patient wants to have a beatiful smile.

Medical History السجل الطبي

Diseases: _____ Medication: _____

Allergies: _____ Pregnancy: _____

Hospitalization: _____ Family History: _____

Habits: Smoking: Y/N Alcohol: Y/N Drugs: Y/N

Remarks: _____

Clinical Findings: _____

Radiography: _____

Examination : _____

Diagnosis: _____

/consultation

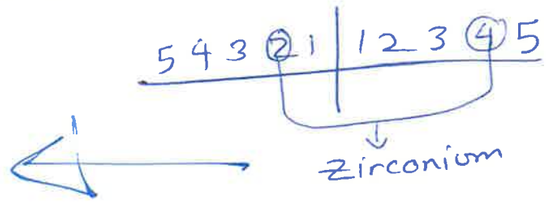
Dr. Dalia

- Treatment plan

① scalling + polishing

② Extraction of 18 tooth.

③ veneers + Zirconium For upper teeth.



REDAD DATA

cAEAIOEBAA83ODQxO Public Data Readed Suc SHOW READED DATA Confirm 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	Musab,Ali,Suleiman,,Alnawafleh	**IDN:**	784198903825481	**Mother Name:**	
Name (Ar)	مصعب,علي,سليمان,,النواقله	**Card Number:**	090426119	**Mother Name (Ar):**	
Title:		**Nationality:**	JOR	**Family ID:**	
Title(Ar):		**Nationality (Ar):**	الأردن		
Issue Date:	12/08/2018	**Sex:**	M	**Sponsor Type:**	06
Expiry Date:	23/01/2020	**Date of Birth:**	12/10/1989	**Sponsor Name:**	الاتحاد لصناعه الانابيب الاسطوانيه ذ م م
Marital Status:	01	**Husband IDN:**		**Sponsor Number:**	00
Residency Type:	02	**Residency Number:**	30120172113526	**Residency Expiry:**	23/01/2020
ID Type:	IL	**Occupation:**	09	**Occupation Field:**	00

Photo

Signature Image

File No: ....   Date: / /

Treatment Plan خطة العلاج

3/3/19 ① ml i/n under eyes

BioScience GmbH
19073 Dummer, Germany
Genefill SOFT TOUCH
LOT F1-2617/1
2020-06
CE 2409
STERILE

For PRP
x 3 day

Dr. MOHAMAD FAYEZ BADAWI
D50047
Specialist Dermatology

6/3/19 PRP face done under Emla cream
needl: 32G

→ Rx 1/1 Quin
Anthelios 50+ spray

Doctor's Signature and Stamp
....

Dr. MOHAMAD FAYEZ BADAWI
D50047
Specialist Dermatology

PATIENT NAME: **FILE NO#:**

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
11/2/2018	Dental Treatment Pkg Total 837o	5000		
17/2/2018	Paid	337o		
24/2/2019	try on			Dr. Dalia
27.2.19	Patient Paid For Filler 1ML and PRP 1 Session Done both Treatment	1550		
3/3/2019	Cementation of veneers + Zirconia crowns.			Dr. Dalia
17/3/2019	preparation of [9] teeth For E-max veneers + Impression + bite registration Shade BL2	3000		Dr. Dalia
25/3/2019	Cementation of [9] Lower teeth Total Amount Paid			Dr. Dalia
31/3/2019	- Scalling + polishing Follow up.			Dr. Dalia

مركز أوركيد الطبي
ORCHID MEDICAL CENTER

No: REC-002613

AED 5,000.00

RECEIPT VOUCHER

Date: 11-02-2019

Receive from Mr./Mrs./M/s. **1001592 - musab ali alnawafleh - 971559719267**

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

By Cash **5,000.00** / 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 payment for Dental Treatments Package Extractionx8 + impression+compositex4+post+core x4 + scaling and polishing Total 8370* 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

No: REC-002673

AED 3,788.50

RECEIPT VOUCHER

Date: 17-02-2019

Receive from Mr./Mrs./M/s. **1001592 - musab ali alnawafleh - 971559719267**

The sum of Dhs. **Three Thousand Seven Hundred Eighty Eight and Five Fils Only**

By Cash **3,788.50** / 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:

P ng **Second Payment for traetment and veneer including full amount vat**

Made by **Hiba**

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

مركز أوركيد الطبي
ORCHID MEDICAL CENTER

1,627.50 **RECEIPT VOUCHER (No.REC-002774)** **Date:27-02-2019**

Receive from Mr./Mrs./M/s. **1001592 - musab ali alnawafleh - 971559719267**

The sum of Dhs. **One Thousand Six Hundred Twenty-Seven Dirhams and Fifty Fils Only**

By Cash **0.00** / By Credit Card **1,627.50** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

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

Being **PATIENT PAID FOR FILLER 800 FOR AND PRP 750 1 SESSION**

Made by **Hiba**

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

مركز أوركيد الطبي
ORCHID MEDICAL CENTER

No: REC-002884

AED 1,500.00

RECEIPT VOUCHER

Date: 06-03-2019

Receive from Mr./Mrs./M/s. **1001592 - musab ali alnawafleh - 971559719267**

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

By Cash **1,500.00** / 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 Payment for new Veneer**

Made by **Hiba**

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

ORCHID MEDICAL CENTER

TREATMENT PLAN

PATIENT NAME	OMC FILE #	TREATMENT TYPE
Mosaab Ali	1001592	

8620

TREATMENT PLAN	AMOUNT	NO: OF STEPS
(A) upper arch		
54321 | 12345		
(1) 2| + |4 Zirconia (done)	→ 2000 ✓	two teeth
5431 | 1235	(690) this →	8 tooth
veneers	→ 5,520	✓ 8
(2) |8 tooth (wisdom) (done)	→ 350 ✓	
Extraction		
(3) |4 post+Core (done)	150	
(4) Composite Fillings (done)	150×4 = 600 ✓	
For 1 | 1 2 4		
(B) Lower Arch:	offer cost	
(1) - Emax veneers.	9x(495) =	
4321 | 12345	4,455	
TOTAL AMOUNT	0	

- February done ✓

- march → Paid 3000 already for Lower arch in advance (should be added to march month)

(2) - Zirconium for teeth

Prepared By : 5\| + 6\| (Not) yet done)

(3) - Extraction of \|8 tooth (Not yet done)

25/3/2019 :-

Fixation of 9 teeth veneers

4321 | 12345

د. داليا الفيومي
Dr. Dalia Elfayoumi
ممارس عام - طبيب اسنان عام
G.P General Dentist
MOH License No.: D40359 ترخيص رقم:
Orchid Medical Centre مركز اوركيد الطبي

Dr. Dalia

WARRANTY CARD

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

DOCTOR:DALIA **DATE:19.02.2019**
CLINIC:ORCHID MEDICAL CENTRE

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

مختبر العنقاء للاسنان ذ.م.م
P.O. Box: 29406
Sharjah - U.A.E
AL ANQA DENTAL LABORATORY L.L.C

مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 3,177.75 **RECEIPT VOUCHER (No.REC-003071)** **Date:25-03-2019**

Receive from Mr./Mrs./M/s. **1001592 - musab alnawafleh - 971559719267**

The sum of Dhs. **Three Thousand One Hundred Seventy-Seven Dirhams and Seventy-Five Fils Only**

By Cash **0.00** / By Credit Card **1,735.25** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **1,442.50**

Bank: Cheque No. Date: **25-03-2019**

Being **9 TOOTH VENEERS DONE + 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 : **1001592 - musab alnawafleh - 971559719267**

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

مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 1,500.00 **RECEIPT VOUCHER (No.REC-003072)** **Date:25-03-2019**

Receive from Mr./Mrs./M/s. **1001592 - musab alnawafleh - 971559719267**

The sum of Dhs. **One Thousand Five Hundred 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 **1,500.00**

Bank: Cheque No. Date: **25-03-2019**

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 : **1001592 - musab alnawafleh - 971559719267**

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

PHOENIX

WARRANTY CARD

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

DOCTOR:DALIA **DATE:22.03.2019**
CLINIC:ORCHID M C

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

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