



File No: .....

Date: 5/3/19

Date: ... / ... / .....

File Number: 1001718

Patient Name: Hajjar, Jehad

اسم المريض: هاجر جهاد

Date Of Birth (تاريخ الميلاد): 5/8/1990

Gender (الجنس): M / (F)

Marital Status (الحالة الاجتماعية):

Nationality (الجنسية): فلسطينية

Occupation (الوظيفة):

ساحف محترف في صناعة الملابس

Address (العنوان): الرعية

Phone No. (رقم الهاتف): 0836080

E-MAIL: Hajjar.jehad@orchidmc.com

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

التاريخ الطبي Medical History		
الحالة الطبية Medical Condition	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 المناعة؟ Allergies هل لديك أي حساسية؟	No	
Surgical Operations, Serious Illness هل أجريت أي عمليات جراحية أو تعاني من أي أمراض؟	كلا	عملية الزائدة
Cardiac surgery, Rheumatic fever, Endocarditis, Artificial heart valve, Congenital heart disease جراحة قلب، حمى روماتويدية، 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)، لوكميا	No	
Chest disease, Asthma, Bronchitis, TB, Other أمراض صدرية، أزمة تنفسية، التهاب في القصبات، المل، أمراض أخرى	كلا	سارية ...
Renal, Urinary, Sexually transmitted disease هل تعاني من أي أمراض بولية أو تناسلية؟	No	
Pregnancy, Contraceptive pill, Menstrual problems هل أنت حامل؟ هل تتعاطين أي مانع للحمل؟ هل تعاني 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 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 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.

### نموذج اقرار طبي

- أوافق و أسمح للطبيب بعلاج حالتي المرضية التي تم شرحها لي من قبل الطبيب المختص و المؤهل.
- أتفهم أن بعض الإجراءات الطبية والتشخيصية الإضافية قد تكون ضرورية من أجل تزويدي بالعلاج الأمثل و الخدمة الأفضل.
- أتفهم أنه من الممكن أن يكتشف الطبيب خلال العلاج أموراً مختلفة عن ما نكره 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 الطبية.
- أقر أنه لم يتم تقديم أي ضمانات أو تأمين لتتائج العلاجات و الإجراءات الطبية أو التجميلية المقدمة لي، كما أتفهم الأخطار و المضاعفات الناتجة عن عدم استكمال علاج حالتي كالالتهاب أو التورم أو النزيف أو الألم أو الحساسية المرضية.
- أتفهم تماماً كافة الأخطار 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 المرضية.
- أتفهم أن هناك رسوم بالحد الأدنى يجب علي دفعها مقابل الخدمة العلاجية و أن جميع الرسوم المطلوبة يجب ان تُسدد بالكامل قبل الانتهاء من العلاج.
- أقر أن كافة المعلومات الطبية و التاريخ الطبي الذي قدمته لي شفهي الملف صحيحة، و أتفهم ان أي معلومات تتعلق بحالتي الصحية ستبقى سرية تماماً و لا يمكن الإفصاح 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

Patient's Signature/ Guardians (In case of minors):

Date: ... / ... / .....

توقيع المريض / ولي الأمر (من هم دون السن القانونية):

التاريخ: ... / ... / ...

استمارة تقييم المريض Patient Assessment Form

المؤشرات الحيوية Vital Signs	
Weight (الوزن): 80 Kg	Blood Type (نصية الدم): B
Pulse (النبض): / ppm	Blood Sugar (سكر الدم): /
Height (الطول): 164 cm	
Blood Pressure (الضغط الدم): 20 / 80	

سبب زيارة المريض للعيادة Chief Complaint

weight loss.

Disease History : التاريخ المرضي:	_____
Allergies الحساسية	_____
Medications الأدوية	_____
Pregnancy الحمل	_____
Previous Surgeries, Hospitalization عمليات سابقة , احوال المستشفى	_____

Smoking (التدخين): Y / N Alcohol (الكحول): Y / N Drugs (العقاقير): Y / N

→ IBS. + colon.  
General & Clinical Findings  
Normal (Bit severe. From Blood Pussten)

الفحص Examination

BCA

الصور الشعاعية Radiography

BCA Test

التشخيص Diagnosis

File No: .....

Date: / /

Treatment Plan خطة العلاج

Q 100

like:-

Strawberries, kiwi,

Doctor's Signature and Stamp

.....



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**

<b>Name</b>	Hager Gehad,,, Abdalla Ouda	<b>IDN:</b>	784199087091098	<b>Mother Name:</b>	
<b>Name (Ar)</b>	هاجر جهاد عبدالله عوده	<b>Card Number:</b>	088134144	<b>Mother Name (Ar):</b>	
<b>Title:</b>		<b>Nationality:</b>	EGY	<b>Family ID:</b>	
<b>Title(Ar):</b>		<b>Nationality (Ar):</b>	مصري		
<b>Issue Date:</b>	13/03/2018	<b>Sex:</b>	F	<b>Sponsor Type:</b>	03
<b>Expiry Date:</b>	11/03/2020	<b>Date of Birth:</b>	05/08/1990	<b>Sponsor Name:</b>	جهاد عبدالله عوده النياح
<b>Marital Status:</b>	01	<b>Husband IDN:</b>		<b>Sponsor Number:</b>	10987519
<b>Residency Type:</b>	03	<b>Residency Number:</b>	20120013026475	<b>Residency Expiry:</b>	11/03/2020
<b>ID Type:</b>	IL	<b>Occupation:</b>	99	<b>Occupation Field:</b>	00



Photo

Signature Image

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

3/5/2019



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 1,000.00

No: REC-002853

RECEIPT VOUCHER

Date: 05-03-2019

Receive from Mr./Mrs./M/s. 1001718 - HAJAR JEHAD - 971504836080

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

By Cash **0.00** / By Credit Card **1,000.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

Being **ADVANCE FOR DIETITION PKG WITH 5 ENDYMED SESSION 2000 AED**

مُدَّعَى 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)

Hajar zero

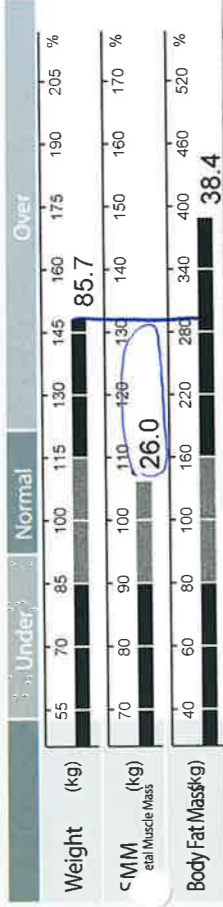
ID 040319-1 | Height 164cm | Age 28 | Gender Female | Test Date & Time 05.03.2019. 13:05

### Body Composition Analysis

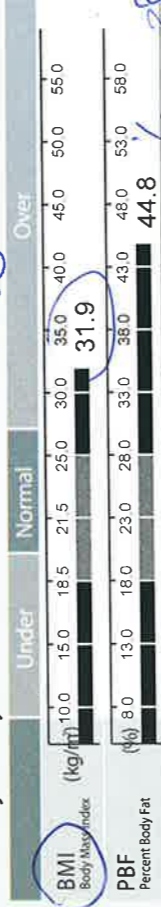
Total amount of water in body	Total Body Water (L)	34.5 ( 29.4~36.0 )
For building muscles	Protein (kg)	9.3 ( 7.9~9.7 )
For strengthening bones	Minerals (kg)	3.47 ( 2.73~3.33 )
For storing excess energy	Body Fat Mass (kg)	38.4 ( 11.6~18.5 )
Sum of the above	Weight (kg)	85.7 ( 49.1~66.5 )

26% 20kg

### Muscle-Fat Analysis

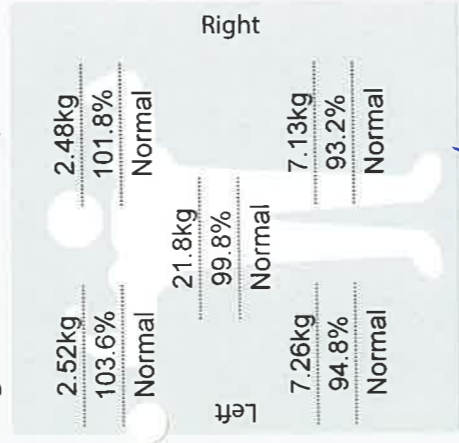


### Obesity Analysis



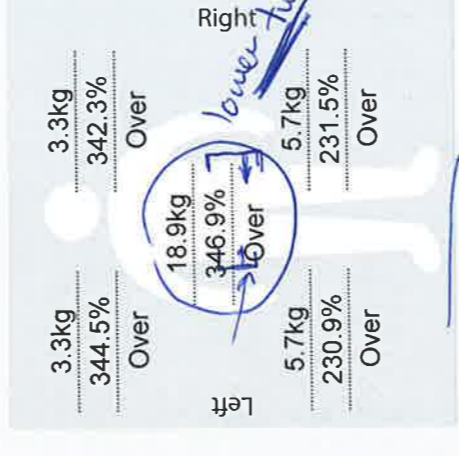
Obese

### Segmental Lean Analysis



Sessio (4-5kg)

### Segmental Fat Analysis



18.9kg 346.9% Over lower lung

### Body Composition History

Weight (kg)	85.7
SMM (kg)	26.0
PBF (%)	44.8

1 Keto 20days

### InBody Score

59 / 100 Points

\* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

### Weight Control

Target Weight	61.5 kg
Weight Control	- 24.2 kg
Fat Control	- 24.2 kg
Muscle Control	0.0 kg

### Obesity Evaluation

BMI  Normal  Under  Slightly Over  Over

PBF  Normal  Slightly Over  Over

### Waist-Hip Ratio

0.98

### Visceral Fat Level

Level 19

### Research Parameters

Fat Free Mass	47.3 kg
Basal Metabolic Rate	1392 kcal ( 1653~1938 )
Obesity Degree	148 % ( 90~110 )
Recommended calorie intake	1892 kcal

### Calorie Expenditure of Exercise

Golf	151	Gateball	163
Walking	171	Yoga	171
Badminton	194	Table Tennis	194
Tennis	257	Bicycling	257
Boxing	257	Basketball	257
Mountain Climbing	279	Jumping Rope	300
Aerobics	300	Jogging	300
Soccer	300	Swimming	300
Japanese Fencing	429	Racketball	429
Squash	429	Taekwondo	429

\* Based on your current weight

\* Based on 30 minute duration

### Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



### Impedance

RA	LA	TR	RL	LL
Z <sub>40</sub>	20 kHz	404.8	394.6	22.8
Z <sub>50</sub>	100 kHz	364.7	358.2	19.3
		282.7	270.6	241.7



(IBS)

Hagar (0504836080)

Sweetener: Basic & Sucralose

DIETARY ASSESSMENT تقييم النظام الغذائي

Food Intolerance (if any) Non.  
 Acidity / Heart Burn / Constipation Non. (golon).  
 No. of meals consumed / day 1 meal, or 3 main  
 Veg / Non Veg / Ovo Veg  
 Frequency of eating out / week Daily.  
 Diet Recall - Total Calories (Kcal)  
 CHO (gm)  
 Protein (gm)  
 Fat (gm)  
 Lifestyle: Sedentary / Moderate / Heavy  
 Diet Advised - Total calories (Kcal) Detox Diet 1600  
 CHO (gm)  
 Protein (gm)  
 Fat (gm)

Remarks  
Beans,  
 Dislike (milk, Avocado) 3L Daily water  
 Like: activia laban, coffee c milk (1) cup.

Counsellor's Name Balsa  
 Client's Signature  
 Date 9/3/19.

1200 kcal  
 45%, 25%, 30%  
 135g, 75g, 40g

9 week  
 9:30-10 (B.F)  
 ↓  
 12:30 pm (S)  
 ↓  
 3:30 pm (L)  
 ↓ - tuna  
 ↓ - dex.  
 5:30 pm Fruit (S)  
 ↓  
 7:00 (P) / omlote as sandwich  
 ↓  
 8:30 (S)

BF

Detox Diet  
1600

*Detox last week*

ID 050319-1 | Height 164cm | Age 28 | Gender Female | Test Date & Time 16.03.2019. 15:39

### Body Composition Analysis

Total amount of water in body	(L)	32.8	( 29.4~36.0 )
For building muscles	(kg)	9.0	( 7.9~9.7 )
For strengthening bones	(kg)	3.24	( 2.73~3.33 )
For storing excess energy	(kg)	40.0	( 11.6~18.5 )
Sum of the above	(kg)	85.0	( 49.1~66.5 )

### InBody Score

54 / 100 Points

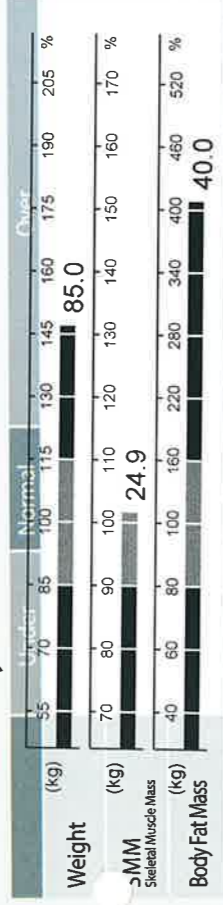
\* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

### Weight Control

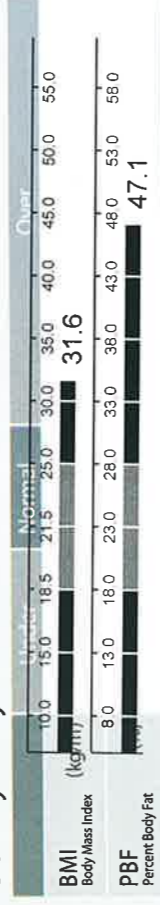
Target Weight	58.4 kg
Weight Control	- 26.6 kg
Fat Control	- 26.6 kg
Muscle Control	0.0 kg

*Gain* (with arrow pointing up)

### Muscle-Fat Analysis



### Obesity Analysis



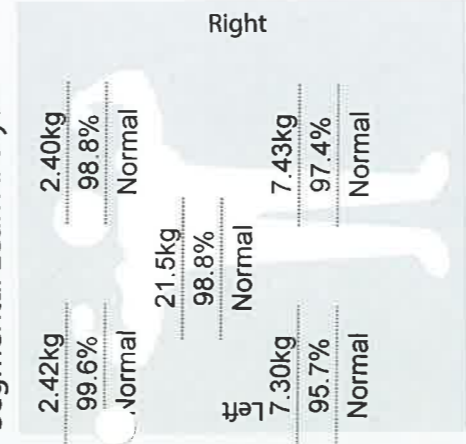
### Visceral Fat Level



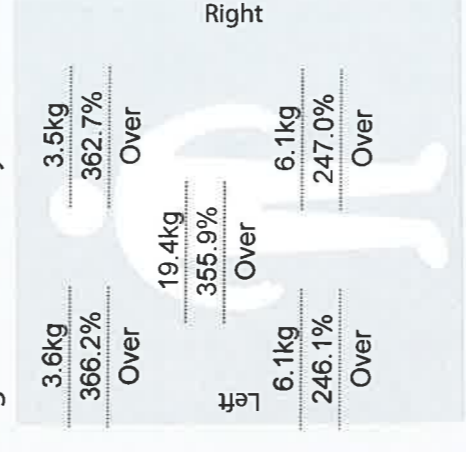
### Research Parameters

Fat Free Mass	45.0 kg
Basal Metabolic Rate	1341 kcal ( 1642~1925 )
Obesity Degree	147 % ( 90~110 )
Recommended calorie intake	1885 kcal

### Segmental Lean Analysis



### Segmental Fat Analysis



### Body Composition History



### Impedance

Z <sub>(s)</sub>	20 kHz	414.3	408.6	28.9	281.5	292.1
	100 kHz	370.4	368.2	24.9	246.8	255.7

### Calorie Expenditure of Exercise

Golf	150	Gateball	162
Walking	170	Yoga	170
Badminton	192	Table Tennis	192
Tennis	255	Bicycling	255
Boxing	255	Basketball	255
Mountain Climbing	277	Jumping Rope	298
Aerobics	298	Jogging	298
Soccer	298	Swimming	298
Japanese Fencing	425	Racketball	425
Squash	425	Taekwondo	425

\*Based on your current weight  
\*Based on 30 minute duration

### Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



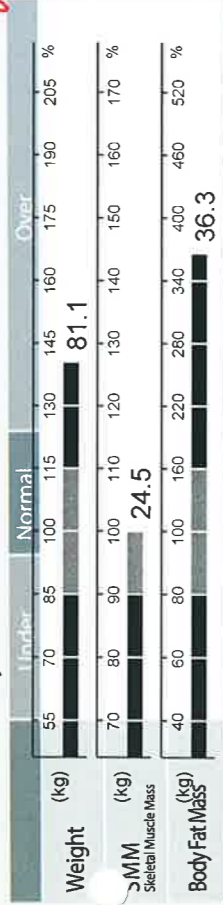
ID 050319-1 | Height 164cm | Age 28 | Gender Female | Test Date & Time 30.03.2019. 14:29

### Body Composition Analysis

Total amount of water in body	Total Body Water (L)	32.7 ( 29.4~36.0 )
For building muscles	Protein (kg)	8.8 ( 7.9~9.7 )
For strengthening bones	Minerals (kg)	3.34 ( 2.73~3.33 )
For storing excess energy	Body Fat Mass (kg)	36.3 ( 11.6~18.5 )
Sum of the above	Weight (kg)	81.1 ( 49.1~66.5 )

↓ 3kg

### Muscle-Fat Analysis



3.9kg

### InBody Score

57 / 100 Points

\* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

### Weight Control

Target Weight 58.2 kg  
 Weight Control -22.9 kg  
 Fat Control -22.9 kg  
 Muscle Control 0.0 kg

### Obesity Evaluation

BMI  Normal  Under  Slightly Over  Over  
 PBF  Normal  Slightly Over  Over

### Waist-Hip Ratio

0.97

19.9kg

### Visceral Fat Level

Level 18

### Research Parameters

Fat Free Mass 44.8 kg  
 Basal Metabolic Rate 1337 kcal ( 1584~1854 )  
 Obesity Degree 140 % ( 90~110 )  
 Recommended calorie intake 1844 kcal

### Calorie Expenditure of Exercise

Golf	143	Gateball	154
Walking	162	Yoga	162
Badminton	183	Table Tennis	183
Tennis	243	Bicycling	243
Boxing	243	Basketball	243
Mountain Climbing	264	Jumping Rope	284
Aerobics	284	Jogging	284
Soccer	284	Swimming	284
Japanese Fencing	406	Racketball	406
Squash	406	Taekwondo	406

\*Based on your current weight  
\*Based on 30 minute duration

### Results Interpretation QR Code

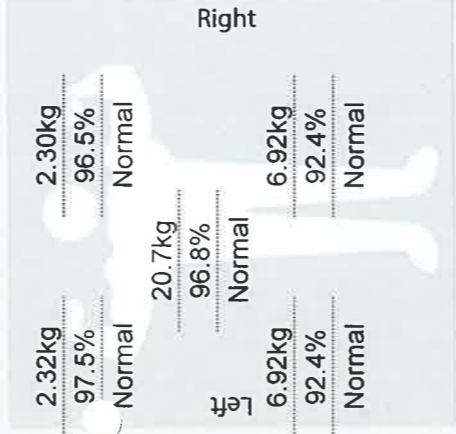
Scan the QR Code to see results interpretation in more detail.



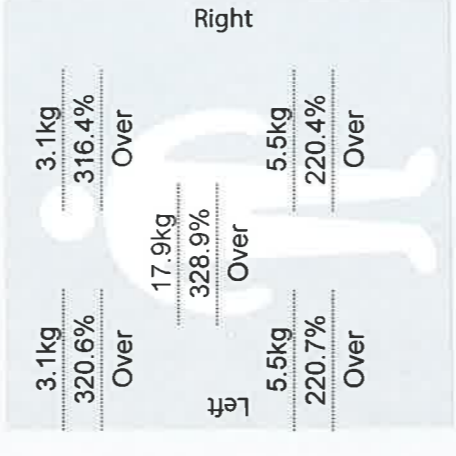
### Impedance

RA LA TR RL LL  
 Z(Ω) 20 kHz | 424.8 417.7 24.8 293.0 292.7  
 100 kHz | 383.7 381.2 21.3 261.6 260.3

### Segmental Lean Analysis

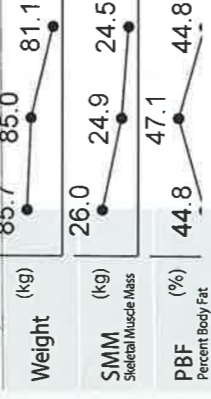


### Segmental Fat Analysis



\* Segmental fat is estimated.

### Body Composition History





مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 2,100.00

RECEIPT VOUCHER (No.REC-003135)

Date:30-03-2019

Receive from Mr./Mrs./M/s. 1001718 - HAJAR JEHAD - 971504836080

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

By Cash 0.00 / By Credit Card 1,100.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 1,000.00

Bank: Cheque No.

Date: 30-03-2019

Being DIETITIAN 5 KG PACKAGE FOR 5 SESSIONS + 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 : 1001718 - HAJAR JEHAD - 971504836080

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

85.7 - 79.7 =  
5kg Fat  
다이어트

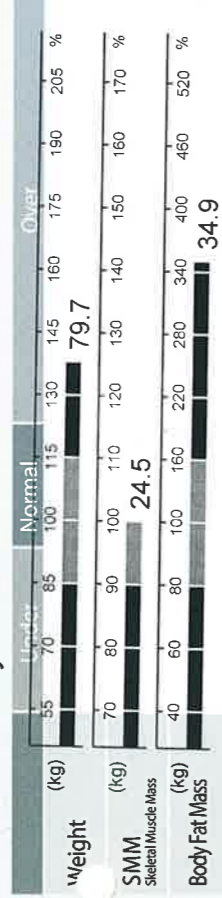
↓ 1.3kg Fat  
Braivo

ID 00319-1 | Height 164cm | Age 28 | Gender Female | Test Date & Time 16.04.2019. 11:22

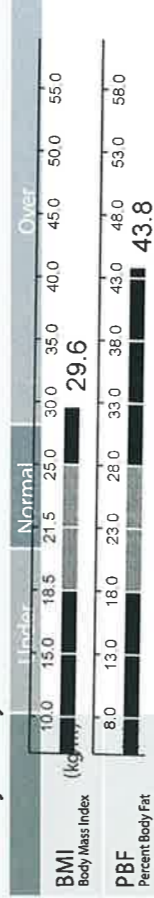
### Body Composition Analysis

Total amount of water in body	Total Body Water	(L)	32.6 ( 29.4~36.0 )
For building muscles	Protein	(kg)	8.8 ( 7.9~9.7 )
For strengthening bones	Minerals	(kg)	3.43 ( 2.73~3.33 )
For storing excess energy	Body Fat Mass	(kg)	34.9 ( 11.6~18.5 )
Sum of the above	Weight	(kg)	79.7 ( 49.1~66.5 )

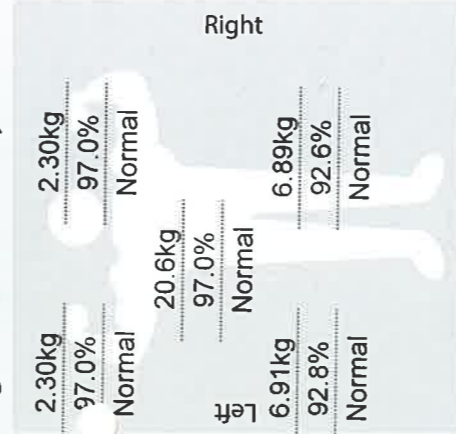
### Muscle-Fat Analysis



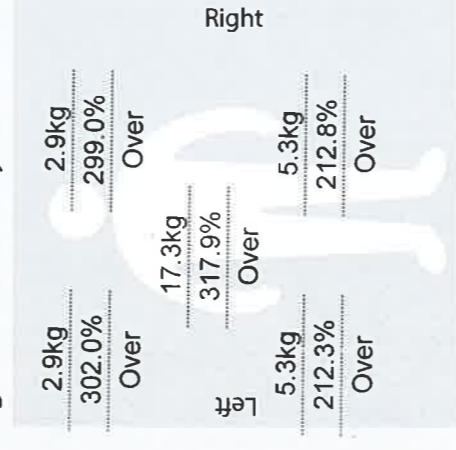
### Obesity Analysis



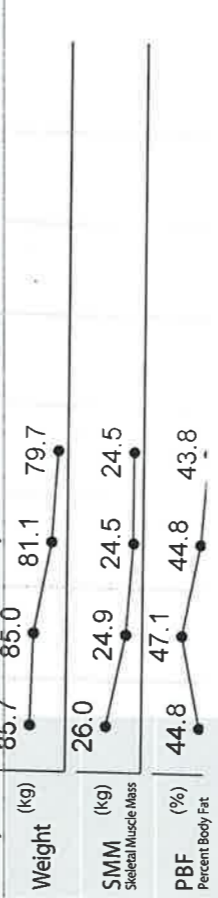
### Segmental Lean Analysis



### Segmental Fat Analysis



### Body Composition History



### InBody Score

59 / 100 Points

\* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

### Weight Control

Target Weight 58.1 kg  
Weight Control -21.6 kg  
Fat Control -21.6 kg  
Muscle Control 0.0 kg

### Obesity Evaluation

BMI  Normal  Under  Slightly Over  Over  
PBF  Normal  Slightly Over  Over

### Waist-Hip Ratio

0.96 (Normal range: 0.75-0.85)

### Visceral Fat Level

Level 17 (Normal range: Low 10, High)

### Research Parameters

Fat Free Mass 44.8 kg  
Basal Metabolic Rate 1337 kcal ( 1563~1828 )  
Obesity Degree 138 % ( 90~110 )  
Recommended calorie intake 1830 kcal

### Calorie Expenditure of Exercise

Golf	140	Gateball	151
Walking	159	Yoga	159
Badminton	180	Table Tennis	180
Tennis	239	Bicycling	239
Boxing	239	Basketball	239
Mountain Climbing	260	Jumping Rope	279
Aerobics	279	Jogging	279
Soccer	279	Swimming	279
Japanese Fencing	399	Racketball	399
Squash	399	Taekwondo	399

### Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail



### Impedance

Z (kg) 426.8 (Normal range: 425.5-426.6)  
I (kg) 387.8 (Normal range: 387.8-387.8)