



### 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.

I am fully aware that any payments is NON refundable

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

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

### نموذج اقرار طبي

- أوافق و أسمح للطبيب بطرح 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 بالمعالج 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 الطبية.
- أقر أنه لم يتم تقديم اي ضمانات او تأمين لنتائج العلاجات و الإجراءات الطبية او التجريبية 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 كالالتهاب أو النزف أو الالام أو الحساسية
- أتفهم أن هناك رسوم بالحد الأدنى يجب علي بعضها 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 قمته لي قد بقي للملف الصحية و اتفهم ان اي معلومات تتعلق بحالتي الصحية ستبقى سرية تماماً ولا يمكن الاطلاع عليها دون موافقتي
- أقر أن لدي المعلومات الكاملة لتقديم هذا القرار و ان هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيله بالكامل و اني وقعت عليه بكمال ارادتي
- انا على دراية تامة أن أي مدفوعات للمركز هي غير قابلة للاسترداد

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



التاريخ: ... / ... / .....

استمارة تقييم المريض Patient Assessment Form

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

سبب زيارة المريض للعيادة Chief Complaint

التاريخ المرضي: Disease History

الحساسية Allergies

الأدوية Medications

الحمل Pregnancy

Previous Surgeries, Hospitalization  
عمليات سابقة , ادخال المستشفى

Smoking (التدخين): Y / N

Alcohol (الكحول): Y / N

Drugs (العقاقير): Y / N

*History of have braces 4 Months back. Oz z Roth*

General & Clinical Findings الملاحظات العامة و السريرية

الفحص Examination

الصور الشعاعية Radiography

التشخيص Diagnosis

*Space, Midline Diastema  
Class I*

Treatment Plan خطة العلاج

8 Months Tr.  
300 per Visit (8 X 300 = 2400), Retaining Extra

Doctor's Signature and Stamp

.....



PATIENT NAME:

FILE NO#:

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
24/3/2019	Clean crown 014 U/L N. P. NV - wrong 3/3 changed	300.		
15.2.09	PC in upper arch OTies in lower NV. 016 Rcs opposit 016 N.P. lower Carrom 7	300		
28/5/2008	Too much stains+++ Cleaned - 016 N.P. U/L PC from 2/2356 for lavelling occlusion plane	300		
24/6/2009	PC in upper copies in lower	300		
3/8/12	016 Rcs (opposite direc) upper hook at '1' for Box castal to close open bite on left side	300		
28/2/12	Same Mechanic Box elastic	300		

United Arab Emirates  
Driving License  
الإمارات العربية المتحدة  
رخصة قيادة  
1354827

رقم الرخصة  
الإسم  
محمد إبراهيم الفاي  
الجنسية  
Mohammad Ibrahim Falah Alhail  
تاريخ الميلاد  
15-10-1984  
تاريخ الإصدار  
17-12-2008  
تاريخ الانتهاء  
17-12-2023  
جهة الإصدار  
DUBAI

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DUBAI

مملكة البحرين  
K020030104100  
Licensing Authority



مركز أوركيده الطبي  
ORCHID MEDICAL CENTER

**AED 315.00**

RECEIPT VOUCHER (No. REC-003062)

Date: 24-03-2019

Receive from Mr./Mrs./M/s. **1001803 - MOHAMMED IBRAHIM - 971556898889**

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: **24-03-2019**

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 : **1001803 - MOHAMMED IBRAHIM - 971556898889**

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



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RECEIPT VOUCHER (No.REC-003532)

Date:01-05-2019

Receive from Mr./Mrs./M/s. 1001803 - MOHAMMED IBRAHIM - 971556898889

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: 01-05-2019

Being **BRACES FOLLOW UP + VAT**

Made by **Rana**

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RECEIPT VOUCHER (No.REC-003831)

Date:29-05-2019

Receive from Mr./Mrs./M/s. 1001803 - MOHAMMED IBRAHIM - 971556898889

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: 29-05-2019

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 : 1001803 - MOHAMMED IBRAHIM - 971556898889

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RECEIPT VOUCHER (No. REC-004186)

Date: 24-06-2019

Receive from Mr./Mrs./M/s. 1001803 - MOHAMMED IBRAHIM - 971556898889

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 : 1001803 - MOHAMMED IBRAHIM - 971556898889

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RECEIPT VOUCHER (No.REC-004616)

Date:03-08-2019

Receive from Mr./Mrs./M/s. 1001803 - MOHAMMED IBRAHIM - 971556898889

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: 03-08-2019

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 : 1001803 - MOHAMMED IBRAHIM - 971556898889

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RECEIPT VOUCHER (No.REC-004885)

Date:28-08-2019

Receive from Mr./Mrs./M/s. 1001803 - MOHAMMED IBRAHIM - 971556898889

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: 28-08-2019

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 : 1001803 - MOHAMMED IBRAHIM - 971556898889

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RECEIPT VOUCHER (No.REC-005407)

Date:05-10-2019

Receive from Mr./Mrs./M/s. 1001803 - MOHAMMED IBRAHIM - 971556898889

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: 05-10-2019

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 : 1001803 - MOHAMMED IBRAHIM - 971556898889

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مركز أوركيد الطبي  
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AED 315.00

RECEIPT VOUCHER (No. REC-006237)

Date: 29-11-2019

Receive from Mr./Mrs./M/s. 1001803 - MOHAMMED IBRAHIM - 971556898889

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 : 1001803 - MOHAMMED IBRAHIM - 971556898889

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مركز أوركيده الطبي  
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AED 525.00

RECEIPT VOUCHER (No. REC-006767)

Date: 28-12-2019

Receive from Mr./Mrs./M/s. 1001803 - MOHAMMED IBRAHIM - 971556898889

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

By Cash 0.00 / By Credit Card 525.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 28-12-2019

Being 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 : 1001803 - MOHAMMED IBRAHIM - 971556898889

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