



File No:

Date: 27/4/19

Date: ... / ... /

File Number: 1002040

Patient Name: Hamad Aljaydi اسم المريض: محمد حميد الجدي

Date Of Birth (تاريخ الميلاد): 10/5/1997 (الجنس): M / F (الحالة الاجتماعية): متزوج

Nationality (الجنسية): السعودية Occupation (الوظيفة): مهندس

Address (العنوان): المهمل ج. 1 Phone No. (رقم الهاتف): 0501860070

E-MAIL: 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 حثيثاً؟ | ⊘ | |
| Corticosteroids/Immunosuppressant هل تتعاطى أي سترويدات 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 روماتويد، التهاب شغاف القلب، صمام قلب صناعي، أمراض القلب | ⊘ | |
| High Blood Pressure, Bleeding disorders, Anticoagulants هل لديك ارتفاع في ضغط الدم، مشاكل في النزيف أو تتعاطى أي مميعات للدم؟ | ⊘ | |
| Anemia, Leukemia (سرطان الدم) انيميا (فقر الدم)، لوكيميا (سرطان الدم) | ⊘ | |
| Chest disease, Asthma, Bronchitis, TB, Other أمراض صدرية، أزمة تنفسية، التهاب في الشعبات، المل، 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 مئع للحمل؟ هل تعاني من مشاكل في الدورة الشهرية؟ | ⊘ | |
| Hepatitis, Jaundice, Other liver diseases التهاب الكبد الوبائي، الصفراء، أي 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 HSV, HIV... etc هل تعاني من أي أمراض أخرى؟ فيروس الإيدز، فيروس الحلا البسيط etc | ⊘ | |

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 أقرار 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 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 باتخاذ كل الإجراءات الطبية و العلاجات اللازمة و المطلوبة بحكم خبرته المهنية و العلمية.
- أقر أنه لم يتم تقديم اي ضمانات او تأمين لنتائج العلاجات و الإجراءات الطبية او التجميلية المقدمة لي، كما تفهم الأخطار و المضاعفات الناتجة عن عدم استكمال علاج حالتي المرضية.
- أتفهم تماما 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 الى مضاعفات كالالتهاب أو التورم أو النزيف أو الاليم 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 قيمته لدى فحسي للملف صحيحة و تفهم ان اي معلومات تتعلق بحالتي الصحية ستبقى سرية تماما ولا يمكن الاطلاع عليها بون موافقتي
- أقر أن لدي المعلومات الكاملة لتقديم هذا الأقرار و ان هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيله بالكامل و اني وقعت عليه بكامل إرادتي

انا على دراية تامة أن أي مدفوعات للمركز هي غير قابلة للاسترداد

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



التاريخ: ... / ... /

استمارة تقييم المريض Patient Assessment Form

المؤشرات الحيوية Vital Signs

| | | | | | |
|----------------|-----|----------------------------|----|--------------------------|--|
| Weight (أوزن): | Kg | Height (الطول): | cm | Blood Type (مصلحة 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 ، اإخال المستشفى

Smoking (التدخين): Y / N

Alcohol (الكحول): Y / N

Drugs (تعاطي العقاقير): Y / N


الملاحظات العامة و السريرية General & Clinical Findings

الفحص Examination

الصور الشعاعية Radiography

التشخيص Diagnosis

Treatment Plan خطة العلاج

4/7/2019
 Orthodontic Treatment in 1 yr
 Wider Maxilla
 Class II molar, ↑ wryet need ^{Non} Extraction
 TE Cast 3500 + 700 retainers to Molars (7000 + 700 Ceramic
 400/month)
 NV - Impression - photo, upper bond


Doctor's Signature and Stamp

.....



PATIENT NAME:

FILE NO#:

| DATE | TREATMENT | PAYMENT | BALANCE | SIGNATURE |
|-----------|---|----------------------------|----------------------------|-----------|
| 27/4/19 | HR Beard + Neck (DEKA) | Dr. Wesam Marwan Al Tabbaa | Dr. Wesam Marwan Al Tabbaa | Wesam |
| 5/5/2019 | carbon laser | Dr. Wesam Marwan Al Tabbaa | Dr. Wesam Marwan Al Tabbaa | Wesam |
| 18-5-19 | carbon laser | Dr. Wesam Marwan Al Tabbaa | Dr. Wesam Marwan Al Tabbaa | Wesam |
| 25/5/19 | whitening Mask | Dr. Wesam Marwan Al Tabbaa | Dr. Wesam Marwan Al Tabbaa | Wesam |
| 29/6/19 | HR Beard + Neck | Dr. Wesam Marwan Al Tabbaa | Dr. Wesam Marwan Al Tabbaa | Wesam |
| 4/7/19 | carbon laser | Dr. Wesam Marwan Al Tabbaa | Dr. Wesam Marwan Al Tabbaa | Wesam |
| 6/7/2019 | Photo, upper Impression upper Bondy in ceramic O18 (Chic - GC orlms), O14 Reflon N.I. | Dr. Wesam Marwan Al Tabbaa | 1500 5500 | Wesam |
| 31/7/19 | HR Beard + Neck (Deka) | Dr. Wesam Marwan Al Tabbaa | Dr. Wesam Marwan Al Tabbaa | Wesam |
| 3/8/19 | Still deep btk Cannot bond lower with 80 - 016 x 022 - KCS wph blyah | Dr. Wesam Marwan Al Tabbaa | 500 | Wesam |
| 3/8/2019 | Same. 016 x 022 - KCS wph lower Bondy down OR2 N.I. G | Dr. Wesam Marwan Al Tabbaa | 400 | Wesam |
| 2/10/2019 | 321 Rebondy New Br 014 Lower N.I. blyah + NV Positioning 017 x 025 upper N.I. | Dr. Wesam Marwan Al Tabbaa | 400 | Wesam |



PATIENT NAME: Hamad

FILE NO#:

| DATE | TREATMENT | PAYMENT | BALANCE | SIGNATURE |
|------------|---|------------|---------|--|
| 31/8/2019 | dysport (0.3) MicroBotox (0.25) ACNE + PIH on R cheeks oily faCo. Plan: Facial P: Bioderma cleanser-gel - Moist next a PP: 14/9 : f | 700 300 | | |
| 01/09/2019 | Winkinglash Dr. Wesam Marwan Al Tabbaa Dermatology Specialist MOH License No: 14826 Orchid Medical Centre | | | د. وسام مروان الطباع Dr. Wesam Marwan Al Tabbaa Dermatology Specialist MOH License No: 14826 Orchid Medical Centre |
| 5/12/2019 | Too much Calculus poor oral hygiene scaly dome + Position Change .016x016 Rcs P.I.T. - upper .017x0.025 Thermal N.I.T. last time | 400 | | د. وسام مروان الطباع Dr. Wesam Marwan Al Tabbaa Dermatology Specialist MOH License No: 14826 Orchid Medical Centre |
| 05/10/2019 | hHR Beard + Neck + Nape | | | د. وسام مروان الطباع Dr. Wesam Marwan Al Tabbaa Dermatology Specialist MOH License No: 14826 Orchid Medical Centre |
| 30/12/2019 | Carbon Laser | | | د. وسام مروان الطباع Dr. Wesam Marwan Al Tabbaa Dermatology Specialist MOH License No: 14826 Orchid Medical Centre |
| 9/1/2020 | LHR B-fNeck | | | د. وسام مروان الطباع Dr. Wesam Marwan Al Tabbaa Dermatology Specialist MOH License No: 14826 Orchid Medical Centre |
| 26/01/2020 | carbon laser on | | | د. وسام مروان الطباع Dr. Wesam Marwan Al Tabbaa Dermatology Specialist MOH License No: 14826 Orchid Medical Centre |
| 20/2/20 | hHR Beard + Neck + Nape | | | د. وسام مروان الطباع Dr. Wesam Marwan Al Tabbaa Dermatology Specialist MOH License No: 14826 Orchid Medical Centre |
| 24/3/20 | hHR Beard + Neck (Dob) | | | د. وسام مروان الطباع Dr. Wesam Marwan Al Tabbaa Dermatology Specialist MOH License No: 14826 Orchid Medical Centre |



precisely Kindly Answer the following questions يرجى الإجابة على الأسئلة التالية بدقة

| | |
|---|--|
| How do you better describe your skin Type ما هو الوصف الأنسب لنوع بشرتك؟ | <input type="checkbox"/> Always Burned , little tanned <input type="checkbox"/> Always Burned, Never Tanned <input type="checkbox"/> Little Burned, Always Tanned <input type="checkbox"/> Rarely Burned, Always Tanned |
| Have you Ever had Scars or keloids? Yes / No هل ظهور لديك حلا البسيط أو بثور أو تقرحات في منطقة العلاج؟ نعم / لا | <input checked="" type="checkbox"/> لا |
| Have you Taken Akutan or Isotritonine in the last 6 months? Yes/ No هل تناولت عقار الأكيوتان/ الأيسوتريتينون خلال الست أشهر الماضية؟ نعم / لا | <input checked="" type="checkbox"/> لا |
| Have you used Retin A.Glycolic acid or Hydrocuenon on Site? Yes/ No هل استخدمت ريتين أي أو منتجات حمض الجليكوليك أو الهيدروكينون في منطقة العلاج؟ | <input checked="" type="checkbox"/> لا |
| Have you plucked or waxed hair on site in the last 6 months? Yes / No هل قمت بتفك أو إزالة الشعر بالشمع في منطقة العلاج خلال ال 6 أسابيع الماضية؟ نعم / لا | <input checked="" type="checkbox"/> لا |
| Did you get exposed to sun or got tanned lately? Do/ Did you use any tanning products? Yes / No هل كانت آخر مرة تعرضت فيها لأشعة الشمس لمدة طويلة أو قمت بجلسة تسمير؟ هل استخدمت مستحضرات تسمير البشرة؟ نعم / لا | <input checked="" type="checkbox"/> لا |
| Have you been diagnosed with any hormonal abnormalities? Yes / No What products you are using for your skin recently?..... هل تم تشخيصك سابقاً بأي اختلالات أو مشاكل هرمونية؟ نعم / لا | <input checked="" type="checkbox"/> لا |
| Have you Done Any Laser Hair Removal Before? Yes / No For Ladies: Are You Pregnant ? Yes / No هل قمت سابقاً بإجراء مكياج دائم للوجه؟ نعم / لا | <input checked="" type="checkbox"/> لا |

I hereby consent that I came to Orchid Medical Center/ Sharjah to remove unwanted hair by laser. I understand that laser produces a beam of light that generates an energy of a certain wavelength which is absorbed in the pigments of hair follicles to impair its' ability to grow hair. I understand that the results of the treatment varies from one person to another by the variation of medical history and the skin type, hair type , patients commitment to precautions before and after sessions and the variation of individual responses to treatment. and I consent that I know all th ernative hair removal methods and I choose removing my unwanted hair by laser.

I consent that I got the following precautions:

- It's not allowed to get tanned or use tanning solutions for 4-6 weeks before and after treatment.
- Waxing and Plucking must be avoided at least 6 weeks prior to sessions.
- Tattoos and permanent make up on treatment site will be affected by laser.
- Full Medical History must be given including previous treatments, allergies and skin type.
- people who took akutan during the last 6 months or any drugs that inhibits patients from sun exposure can not remove their hair by laser.
- I understand that i might see some change from first session, nevertheless the treatment will take many sessions to get the result.

Side Effect

side effects may include burning like redness. and it's possible to see some swelling or cracks. these side effects will fade away few hours to few days after treatment. hypo/hyperpigmentation is not common and it rarely last. it's advisable to avoid sun exposure. and to use sun protections.

I consent that I had the chance to enquire and ask any questions I have to the therapist and I have read and understood the content of this form (or it was read to me) and I am more than 18 years old or I have the approval of my sponsor.

Name and Signature

Date ... / ... /

أقر أنا
مركز أوركيد الطبي/ الشارقة لزالة الشعر غير المرغوب به في مركز أوركيد الطبي باستخدام جهاز الليزر المتوفر.

وأفهم أن أشعة الليزر تنتج طيفاً من الضوء الذي يولد طاقة ذات طول موجي معين يتم امتصاصها في الأصباغ الموجودة في بصيلة الشعر لتعمل قدرتها على إنهاء الشعر. وأفهم أن نتائج العلاج تختلف من شخص إلى آخر باختلاف التاريخ الطبي و نوع البشرة و نوع الشعر و التزام المريض بتعليمات المعالج قبل و بعد الجلسات و اختلاف استجابة الأشخاص للعلاج. و إنني علم على كامل بكافة الطرق البديلة لإزالة الشعر كالحلق و التفتف و الكريسات و إزالة الشعر بالشمع و الكي و إنني اخترت إزالة الشعر بالليزر.

أقر بأنني قد تلقيت التعليمات التالية:

- لا يسمح بالتسمير أو استخدام مستحضرات التسمير لمدة 4-6 أسابيع قبل و بعد العلاج.
- يجب تقادي إزالة الشعر بالشمع أو التفتف قبل العلاج ب 6 أسابيع على الأقل.
- الوشم و التاتو و المكياج الدائم في منطقة العلاج قد تتأثر بالعلاج بالليزر.
- يجب إعطاء التاريخ الطبي كاملاً و يشمل ذلك العلاجات و المساسية و نوع البشرة
- الأشخاص الذين تناولوا عقار الأكيوتان خلال الست أشهر الماضية أو أي عقاقير تمنعهم من التعرض للشمس لفترة طويلة لا يمكنهم إزالة الشعر بالليزر.

أفهم أنه برغم التغيير الذي قد الحظه من الجلسة الأولى فإن العلاج يحتاج إلى عدة جلسات للحصول على النتيجة المطلوبة.

الأعراض الجانبية

قد تتضمن الأعراض الجانبية احمرار البشرة بما يشبه الحروق. و من الممكن حدوث بعض التورم و التشققات. و هذه الأعراض الجانبية ستلاشى خلال بضع ساعات إلى عدة أيام بعد العلاج. نقص أو زيادة التصبغات ليست بالأمر الشائع و لا تدوم في حال حدوثها. و ينصح بعدم التعرض لأشعة الشمس و استخدام المستحضرات الواقية من الشمس.

أقر أنه قد أتيتحت لمي الفرصة للاستفسار و توجيه الأسئلة إلى المعالج المختص و أنني قد قرأت و فهمت محتويات هذا الاقرار أو قد تمت قراءته لي. و أنني تجاوزت الثامنة عشر من عمري أو حصلت على موافقة ولي أمرى في حال عدم بلوغى السن القانوني.

الاسم و التوقيع

التاريخ

2009/11/27



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-008334)

Date:30-03-2020

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

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: 30-03-2020

Being braces follow up + vat

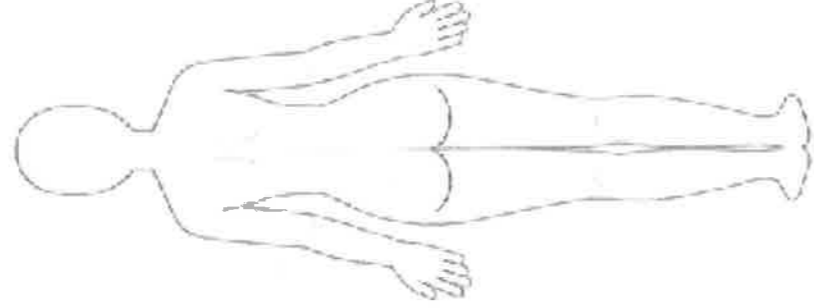
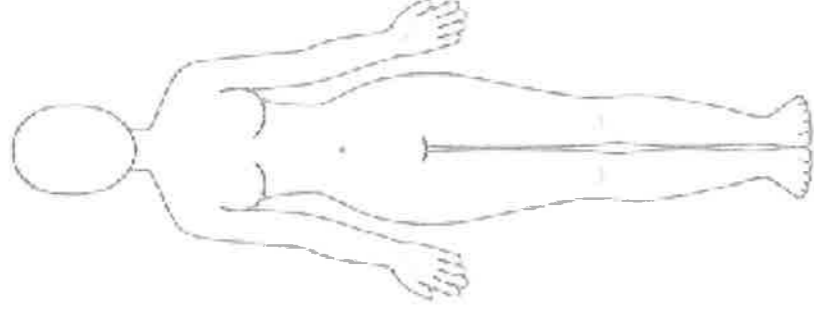
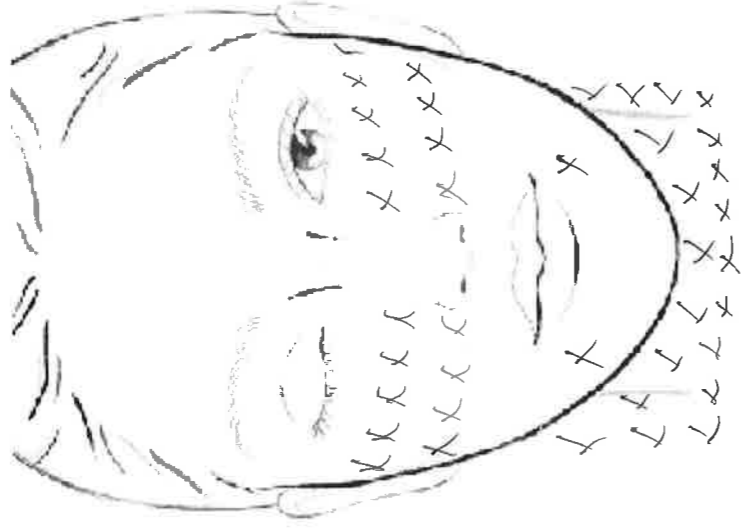
Made by Rana

- 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 :1002040 - HAMAD AL QAYDI - 971501850070

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

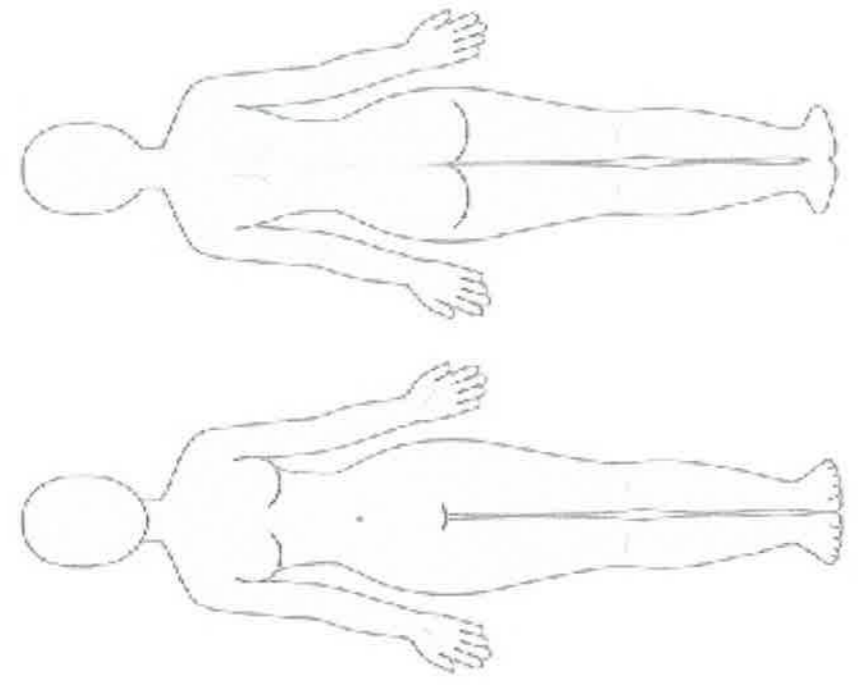
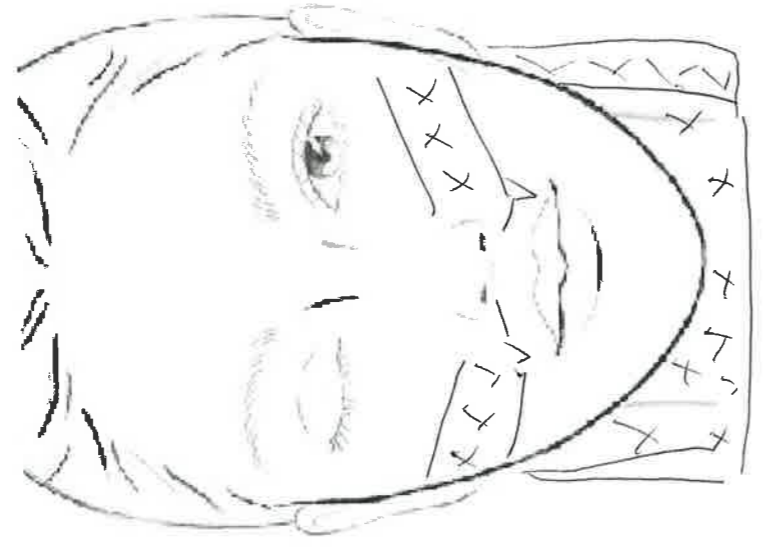
Patient's Name: Hamad Al quade' **اسم المريض** Evaluation and consent form completed? Yes / No
 File Number: 10020740 **رقم الملف** Pretreatment photography taken? Yes / No



| | Session 1 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 |
|----------------|--------------|--------------|-----------|-----------|-----------|-----------|
| Treatment Date | 26/2/20 | 24/3/20 | | | | |
| Treatment Area | Beard + Neck | Same | | | | |
| Hair Type | MID | | | | | |
| Mode | ND 7A4 20 | Med Dark | | | | |
| Fluence | 20J/20ms | | | | | |
| Pulse Type | | NDYAG | | | | |
| CNT Pulse | | | | | | |
| Passes | 1 Pass | 12J/18ms | | | | |
| Starting Time | 8.30 PM | | | | | |
| Finish Time | 8.45 PM | 7 PM | | | | |
| Post Treatment | Hyalocid | FUCIDINH | | | | |
| | | <u>Beare</u> | | | | |

Therapist Name and Signature

Patient's Name: Haoud Alamyani اسم المريض
 File Number: رقم الملف
 Pain Relief given? Yes / No
 Evaluation and consent form completed? Yes / No
 Pretreatment photography taken? Yes / No
 1002040



| | Session 1 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 |
|----------------|--------------|------------------|-----------|--------------|-----------|-----------|
| Treatment Date | 27/4/19 | 29/6/19 | 31/07/19 | 2/10/19 | 5/12/19 | 9/1/20 |
| Treatment Area | Neck + Neck | Beard + Neck | Same | Beard + Neck | Same | Same |
| Hair Type | DARK / THICK | Dark / Thick | Medium | MID | Med/Dark | Thick |
| Mode | ND YA U. | ND YA U. | NDYAG | ND YA U. | NDYAG | YAG (AG) |
| Fluence | 16 / 18 ms | ND YA U. | 14/20 | ND YA U. | NDYAG | 145/20ms |
| Pulse Type | (20 Spot) | 20/20 | 14/20 | 13/18ms | 127/18ms | 17ms |
| CNT Pulse | | 20 Spot | | | | |
| Passes | 1 | | | | | |
| Starting Time | 12.15 N | 1 | 1 | 1 | 1 | 8-4.5pm |
| Finish Time | 12.30 N | 12.15 | 4:15 PM | 7pm | 1:10 PM | SPM |
| Post Treatment | Nebo | 12.30 Hindoid | 4:25 pm | Hindoid | HINDOID | Hindoid |
| | | Nebo | | | | |

Therapist Name and Signature
 [Signature]

REDAD DATA

cAEAlOEBA830DQxO

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 | Hamad,Muhayyer,Abdalla,Mohamed,Alqaydi | IDN: | 784199763610740 | Mother Name: | Moza salem |
| Name (Ar) | حمد مطر عبد الله محمد القايدي | Card Number: | 088441902 | Mother Name (Ar): | موزة سالم |
| Title | | Nationality (Ar): | ARE | Family ID: | 306000805 |
| Title (Ar): | | Nationality | الإمارات العربية المتحدة | | |
| Issue Date: | 03/04/2018 | Sex: | M | Sponsor Type: | |
| Expiry Date: | 03/04/2028 | Date of Birth: | 10/05/1997 | Sponsor Name: | |
| Marital Status: | 01 | Husband IDN: | | Sponsor Number: | |
| Residency Type: | | Residency Number: | | Residency Expiry: | |
| ID Type: | ID | Occupation: | 11 | Occupation Field: | 18 |



Photo



Signature Image

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

4/27/2019



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

Date: 27-04-2019

RECEIPT VOUCHER (No. REC-003454)

AED 210.00

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

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

By Cash 0.00 / By Credit Card 210.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Date: 27-04-2019

Bank: Cheque No.

Being BEARD LINE + NECK (HR) + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

No: REC-003553

RECEIPT VOUCHER

AED 630.00

Date: 04-05-2019

Receive from Mr./Mrs./M/s. **1002040 - HAMAD AL QAYDI - 971501850070**The sum of Dhs. **Six Hundred Thirty Only**By Cash **30.00** / By Credit Card **600.00 (Bank Charges: 0.00)** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

For **g ADVANCE FOR 3 SESSION CARBON 700) + 1 SESSION WHITENING 500) + 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

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



مركز أوركييد الطبي
ORCHID MEDICAL CENTER

AED 1,260.00

RECEIPT VOUCHER (No. REC-003718)

Date: 19-05-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

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

By Cash **0.00** / By Credit Card **630.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **630.00**

Bank: Cheque No.

Date: 19-05-2019

Being **3 SESSION CARBON LASER 700 + 1 SESSION WHITENING MASK 500 + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

Date:29-06-2019

RECEIPT VOUCHER (No.REC-004230)

AED 210.00

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

The sum of Dhs. **Two Hundred Ten Dirhams and Zero Fils Only**By Cash **210.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Date: 29-06-2019

Bank: Cheque No.

Being **BEARD LINE + NECK + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

AED 1,575.00

RECEIPT VOUCHER (No.REC-004326)

Date:06-07-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

The sum of Dhs. One Thousand Five Hundred Seventy-Five Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 1,575.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 06-07-2019

Being BRACES FIRST PAYMENT + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركييد الطبي
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No.REC-004571)

Date:31-07-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

The sum of Dhs. **Two Hundred Ten Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **210.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **31-07-2019**

Being **BEARD LINE + NECK + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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

www.omc1.ae



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 525.00

RECEIPT VOUCHER (No.REC-004618)

Date:03-08-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

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: 03-08-2019

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 : 1002040 - HAMAD AL QAYDI - 971501850070

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

ورقة الموافقة على البوتكس

التاريخ: 17/08/2021

أنا السيد/السيدة حيدر القليلك أؤكد بأنه تم شرح لنا كيفية العلاج باستخدام البوتكس وكل التفاصيل المتعلقة به، الغاية من الاستخدام وعلى ما يحتويه كحال جميع الأدوية البوتكس قد يحتوي على آثار جانبية. هذه الردود العكسية قد تكون متعلقة بالعلاج، إما بسبب المنتج أو الفرد، لكن بشكل عام هذه المضاعفات قد تحدث في الأيام الأولى التي تتبع يوم الحقن وتكون بشكل مؤقت. معظم الحالات التي تم تسجيلها تكون بدرجة معتدلة إلى خفيفة. كما هو متوقعة بعد الحقن سوف يكون هناك شعور بالألم وحرق ونبس وتورم ووزراق.

من الآثار الجانبية الشائعة التي من الممكن حدوثها: صداع، زغللة، احمرار، تراخي بعضلات الوجه وألم في الوجه.

من الآثار الجانبية الغير شائعة: التهاب، غثيان، تمثيل، التهاب في الجفن، ألم في العين، عدم رؤية واضحة، جفاف في الفم، تيبس الشفاء، تورم في الوجه وحول العين، حساسية ضد الضوء، تشنج بالعضلات، أعراض الانفلونزا، ضعف وحرارة.

الآثار الجانبية التالية قد تكون نادرة: حكة، طفح جلدي، قشعريرة، أنواع مختلفة من الطفح الجلدي الأحمر، حساسية قوية (تورم وتحديدا في الوجه والمجرى الهوائي مما يسبب صعوبة بالتنفس)، هبوط الحاجب أو الجفن، سماع طنين بالأذن وقلة السمع، حساسية في صعوبة البلع والتنفس والكلام.

لقد تم إيلاغي أيضا أنه اعتمادا على الفرد والمنطقة المراد حقنها ونوع المادة التي سيتم استخدامها، بأن تأثير العلاج قد يستمر لمدة 4 إلى 6 أشهر مع التوقعات.

المتابعة والمراجعة تساعد جدا في الحفاظ على درجة استجابة العلاج والتصحيح.

إنني أفهم مدى أهمية الالتزام بالمواعيد والحضور على الوقت المحدد مع التأكيد المسبق لتجنب الغاء أو تأجيل المواعيد. وأيضا أفهم ان المبالغ المدفوعة غير قابلة للاسترداد أو التبديل.

أنا أوافق على التصوير الفوتوغرافي / تسجيل حالتي قبل وبعد العلاج، ولن يتم التعرف على هويتي من الصور او الوصف المرفق

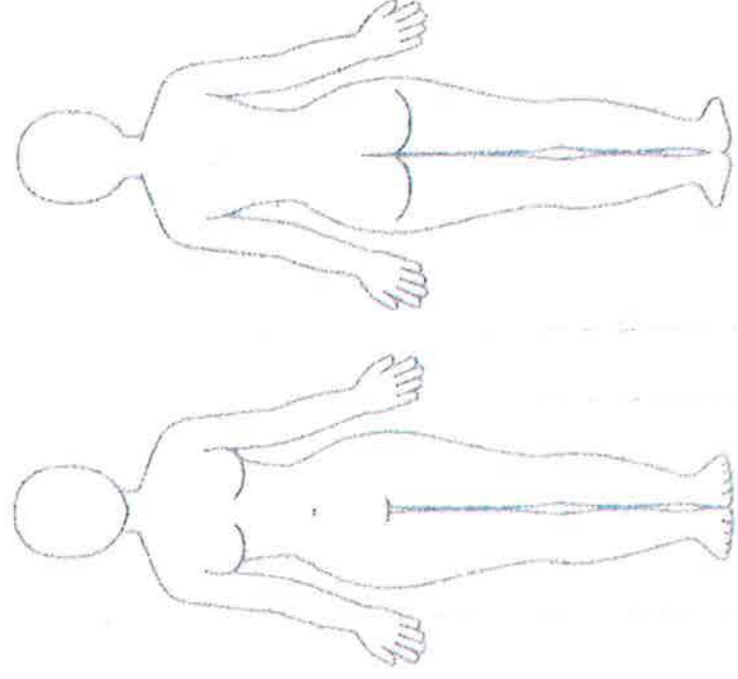
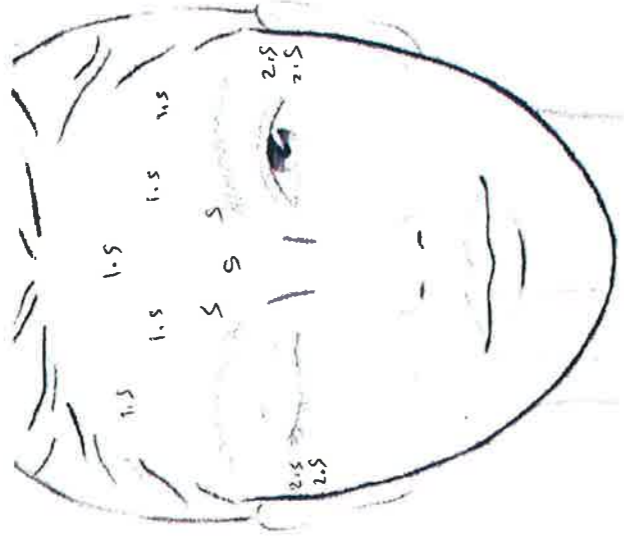
نعم لا

التوقيع:

التوقيع:

اسم المريض: Hamad qasbi

اسم المعالج: DR. WESAM



Filler Injection Log

| | Date | Filler Type | Area Treated | Right / ml | Left / ml |
|-----------|------|-------------|--------------|------------|-----------|
| Session 1 | | | | | |
| Session 2 | | | | | |
| Session 3 | | | | | |
| Session 4 | | | | | |
| Session 5 | | | | | |

Botox Injection Log

| | Date | Area Treated | Right / Units | Left / Units |
|-----------|------|--------------|---------------|--------------|
| Session 1 | | | | |
| Session 2 | | | | |
| Session 3 | | | | |
| Session 4 | | | | |
| Session 5 | | | | |

Doctor's Name and Signature

.....



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 420.00

RECEIPT VOUCHER (No.REC-004917)

Date:31-08-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

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

By Cash 0.00 / By Credit Card 420.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 31-08-2019

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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

AED 1,260.00

RECEIPT VOUCHER (No.REC-004918)

Date:31-08-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

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

By Cash 0.00 / By Credit Card 1,260.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 31-08-2019

Being BOTOX 900 AED + MICRO BOTOX 300 + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

No: REC-004938

RECEIPT VOUCHER

AED 420.00

Date: 01-09-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

The sum of Dhs. **Four Hundred Twenty Only**By Cash **0.00** / By Credit Card **420.00** (Bank Charges: 0.00) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

Being **ADVANCE FOR 4 SESSION CARBON 800 + VAT BALANCE 420**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 أوركيد الطبي
ORCHID MEDICAL CENTER

AED 525.00

RECEIPT VOUCHER (No. REC-004937)

Date: 01-09-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

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: 01-09-2019

Being WHITENING MASK + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No.REC-005351)

Date:02-10-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

The sum of Dhs. **Two Hundred Ten Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **210.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 02-10-2019

Being **BEARD LINE + NECK + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركييد الطبي
ORCHID MEDICAL CENTER

AED 315.00

RECEIPT VOUCHER (No.REC-0053350)

Date:02-10-2019

Receive from Mr./Mrs./M/s. **1002040 - HAMAD AL QAYDI - 971501850070**

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 : **1002040 - HAMAD AL QAYDI - 971501850070**

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No. REC-005292)

Date: 30-09-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

The sum of Dhs. Two Hundred Ten 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 210.00

Bank: Cheque No.

Date: 30-09-2019

Being CARBON LASER FROM PKG OF 4 SESSIONS + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No.REC-005477)

Date:10-10-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

The sum of Dhs. **Two Hundred Ten 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 **210.00**

Bank: Cheque No.

Date: 10-10-2019

Being **CARBON LASER + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركييد الطبي
ORCHID MEDICAL CENTER

AED 157.50

RECEIPT VOUCHER (No.REC-007739)

Date:19-02-2020

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

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

By Cash **0.00** / By Credit Card **157.50** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 19-02-2020

Being **1 session 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيبيد الطبي
ORCHID MEDICAL CENTER

AED 420.00

RECEIPT VOUCHER (No.REC-006811)

Date:30-12-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

The sum of Dhs. **Four Hundred Twenty Dirhams and Zero Fils Only**

By Cash 0.00 / By Credit Card 420.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 30-12-2019

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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيذ الطبي
ORCHID MEDICAL CENTER

AED 157.50

RECEIPT VOUCHER (No.REC-006810)

Date:30-12-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

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

By Cash **0.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **157.50**

Bank: Cheque No.

Date: 30-12-2019

Being **CARBON LASER + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 420.00

RECEIPT VOUCHER (No. REC-007892)

Date: 28-02-2020

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

The sum of Dhs. **Four Hundred Twenty Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **420.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 28-02-2020

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 : 1002040 - HAMAD AL QAYDI - 971501850070

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-006336

Date: 05-12-2019

Receive from Mr./Mrs./M/s. **1002040 - HAMAD AL QAYDI - 971501850070**The sum of Dhs. **Three Hundred Fifteen Only**By Cash **0.00** / By Credit Card **315.00 (Bank Charges: 0.00)** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Rank:

Cheque No.

Date:

Being **ADVANCE FOR 2 SESSION CARBON + 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 أوركييد الطبي
ORCHID MEDICAL CENTER

AED 151.20

RECEIPT VOUCHER (No.REC-006335)

Date:05-12-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

The sum of Dh\$. One Hundred Fifty-One Dirhams and Twenty Filis Only

By Cash 0.00 / By Credit Card 151.20 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 05-12-2019

Being 3 SESSION BEARD LINE + NECK + 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيبيد الطبي
ORCHID MEDICAL CENTER

AED 420.00

RECEIPT VOUCHER (No.REC-006334)

Date:05-12-2019

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

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

By Cash 0.00 / By Credit Card 420.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 05-12-2019

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 : 1002040 - HAMAD AL QAYDI - 971501850070

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



مركز أوركيذ الطبي
ORCHID MEDICAL CENTER

AED 157.50

RECEIPT VOUCHER (No. REC-008282)

Date: 24-03-2020

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

The sum of Dhs. One Hundred Fifty-Seven Dirhams and Fifty Fils Only

By Cash 0.00 / By Credit Card 157.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 24-03-2020

Being 1 session 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 : 1002040 - HAMAD AL QAYDI - 971501850070

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-008654)

Date:02-05-2020

Receive from Mr./Mrs./M/s. 1002040 - HAMAD AL QAYDI - 971501850070

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: 02-05-2020

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 : 1002040 - HAMAD AL QAYDI - 971501850070

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