



مركز أوركييد الطبي
ORCHID MEDICAL CENTER

صحة... ابتسامة... جمال
Health ... Smile ... Beauty

File No: 1002119

Date: 9 / 5 / 2019

Date: 9 / 5 / 2019

File Number: 1002119

Patient Name: Sara Shalaby

اسم المريض: سارة شلابي

Date Of Birth: 16 / 04 / 1988 / Gender: M / F

Marital Status: Single

Nationality: Egyptian

Address: Al-Khanna

Phone No: 056 1491919

E-MAIL: Sara_Rehby@ yahoo.com

How did you know about us: friend

Sara shalaby 87@gmail.com

التاريخ الطبي Medical History	الحالة الطبية Medical Condition	Yes/No نعم / لا	If 'YES' give details إذا كانت الإجابة نعم الذكر بالتفصيل
	Recent or current drugs/Medical Treatment هل تتعاطى أي أدوية أو تتلقى أي علاجات حديثة؟	لا	
	Corticosteroids/Immunosuppressant هل تتعاطى أي سترويدات أو مثبطات للمناعة؟	لا	
	Allergies هل لديك أي حساسية؟	لا	
	Surgical Operations, Serious Illness هل أجريت أي عمليات جراحية أو تعاني من أي أمراض؟	لا	
	Cardiac surgery, Rheumatic fever, Endocarditis, Artificial heart valve, Congenital heart disease جراحة قلب، حمى روماتويد، التهاب شغاف القلب، صمام قلب صناعي، أمراض القلب	لا	
	High Blood Pressure, Bleeding disorders, Anticoagulants هل لديك ارتفاع في ضغط الدم، مشاكل في النزيف أو تتعاطى أي مميعات للدم؟	لا	
	Anemia, Leukemia (سرطان الدم)	لا	
	Chest disease, Asthma, Bronchitis, TB, Other أمراض صدرية، أزمة تنفسية، التهاب في الشعبات، السل، أمراض أخرى	لا	
	Renal, Urinary, Sexually transmitted disease هل تعاني من أي أمراض في الكلى أو أمراض بولية أو تناسلية؟	لا	
	Pregnancy, Contraceptive pill, Menstrual problems هل أنت حامل؟ هل تتعاطين أي مانع للحمل؟ هل تعانين من مشاكل في الدورة الشهرية؟	لا	
	Hepatitis, Jaundice, Other liver diseases التهاب الكبد الوبائي، الصفراء، أي أمراض كبدية أخرى	لا	
	Peptic ulcer, Crohn's ulcerative colitis, Other قرحة معوية، داء كرون، أي أمراض معوية أخرى؟	لا	
	Epilepsy, or any other neurological disease هل تعاني من الصرع أو أي أمراض في الجهاز العصبي؟	لا	
	Thyroid Diseases, Diabetes هل تعاني من مرض السكري أو أمراض الغدة الدرقية؟	لا	
	Other conditions هل تعاني من أي أمراض أخرى؟	لا	
	HSV, HIV...etc	لا	



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: ١٥ / ١٠ / ٢٠١٥

San Kaly

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 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 أي ضمانات أو تأمين لنتائج العلاجات و الإجراءات الطبية أو التجميلية المقدمة لي، كما أتفهم الأخطار و المضاعفات الناتجة عن عدم استكمال علاج حالتي المرضية.

أتفهم تماماً كافة الأخطار و المضاعفات التي قد تكون مصاحبة للفحوصات و الإجراءات العلاجية و الجراحية.

و ادرك أن بعض الإجراءات التشخيصية و العلاجية و الجراحية قد تؤدي إلى 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 أن تسدد بالكامل قبل الانتهاء من العلاج.

أقر أن كافة المعلومات الطبية و التاريخ الطبي الذي قدمت لي قضي الملف الصحية و تفهم ان أي معلومات تتعلق بحالتي الصحية ستبقى سرية تماماً و لا 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

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

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

التاريخ: ... / ... /

استمارة تقييم المريض Patient Assessment Form

المؤشرات الحيوية Vital Signs	
الوزن (Kg):	Height (الطول): 163 cm
النبض (ppm):	Blood Pressure (الضغط الدم): /
	Blood Type (نمط الدم):
	Blood Sugar (سكر الدم):

سبب زيارة المريض للعيادة Chief Complaint

funny problem.

التاريخ المرضي: Disease History	<i>No.</i>
الحساسية Allergies	<i>No. acidity</i>
الأدوية Medications	<i>No (multivit for Hair-te)</i>
الحمل Pregnancy	<i>—</i>
عمليات سابقة ، ادخال للمستشفى Previous Surgeries, Hospitalization	<i>—</i>
التدخين (Smoking): Y/N	العقاقير (Drugs): Y/N
الكحول (Alcohol): Y/N	

الملاحظات العامة و السريرية General & Clinical Findings

funny area damage

الفحص Examination

BCA.

الصور الشعاعية Radiography

التشخيص Diagnosis

File No:

Date: / /

Treatment Plan خطة العلاج


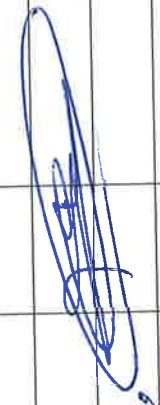
Doctor's Signature and Stamp

.....

35-45 min. Session length
 Note 67-19
 Do. Bakan
 Dietician

FILE NO#:

PATIENT NAME:

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
20/1/19	Deep cs / assist chirotherapy / TT temp. F. / in case no pain next 4. P. Full in case severe pain P-Ni - rest. 25/ Feb (D.E) 150	10/5/2019		
15/6/19	Engaged Session done. Counting + Tightening (15)			wt: - 61 kg - 84 cm
16/6/19	LHR Full BODY (Deka) 1st done.			
19/6/2019	Full body suppling in response			
22/6/19	LHR F Englymed. Counting - (18) Tightening (15)			wt - 61 kg - 86 cm
29/6/19	Counting ds possess Tightening ds possess.			wt - - 86 cm
06/07/19	Englymed Session done.			

(Notes very important to give the patient her full 45 min
 she has issue with the session duration)



PATIENT NAME: Sara Shalaby

FILE NO#:

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
10/07/19	Endymed Session tummy done 45 minutes Contouring + Tightening. Started at 12:10pm finished at 1pm - 45 minutes	Dr. Wesam Marwan Al Tabbaa Dermatology specialist MCH License No. 1876 Orchid Medical Centre		
18/07/19	Endymed Session tummy done 45 minutes	Dr. Wesam Marwan Al Tabbaa Dermatology specialist MCH License No. 1876 Orchid Medical Centre		
25/07/19	Started at 12:20pm finished at 1:05 pm Endymed tummy done Time - 12:10pm - 1pm	Dr. Wesam Marwan Al Tabbaa Dermatology specialist MCH License No. 1876 Orchid Medical Centre		
03/08/19	Endymed tummy done Time - 12:20pm - 1:20pm	Dr. Wesam Marwan Al Tabbaa Dermatology specialist MCH License No. 1876 Orchid Medical Centre		
08/08/19	Endymed tummy done Time - 4pm - 4:45pm	Dr. Wesam Marwan Al Tabbaa Dermatology specialist MCH License No. 1876 Orchid Medical Centre		
15/08/19	Endymed tummy done Time - 1:10pm - 2pm	Dr. Wesam Marwan Al Tabbaa Dermatology specialist MCH License No. 1876 Orchid Medical Centre		
22/08/19	Endymed tummy done Time - 1pm - 1:50pm	Dr. Wesam Marwan Al Tabbaa Dermatology specialist MCH License No. 1876 Orchid Medical Centre		
29/08/19	Endymed tummy done Time - 5:10 - 6:05 pm	Dr. Wesam Marwan Al Tabbaa Dermatology specialist MCH License No. 1876 Orchid Medical Centre		
17/09/19	Endymed tummy done	Dr. Wesam Marwan Al Tabbaa Dermatology specialist MCH License No. 1876 Orchid Medical Centre		
26/09/19	Endymed tummy done Package finished	Dr. Wesam Marwan Al Tabbaa Dermatology specialist MCH License No. 1876 Orchid Medical Centre		
07/10/19	Hair-Face body plus (Deka)	Dr. Wesam Marwan Al Tabbaa Dermatology specialist MCH License No. 1876 Orchid Medical Centre		



precisely Kindly Answer the following questions

ما هو الوصف الأنسب لنوع بشرتك؟

How do you better describe your skin Type

Always Burned , little tanned

Always Burned, Never Tanned

Little Burned, Always Tanned

Rarely Burned, Always Tanned

هل ظهرت لديك سابقا علامات ندوب أو جذرة؟ نعم / لا

هل ظهر لديك حلا بسيط أو بثور أو تقرحات في منطقة العلاج؟ نعم / لا

هل تناولت عقار الأكيوتان/ الأيسوتريتينوين خلال الست أشهر الماضية؟ نعم / لا

هل استخدمت ريتين أي أو منتجات حمض الجليكوليك أو الهاليدروكسولون في منطقة العلاج؟

هل قمت بنقف أو كي أو إزالة الشعر بالشمع في منطة العلاج خلال ال ٦ أسابيع الماضية؟ نعم / لا

هل قمت بنقف آخر مرة تعرضت فيها لأشعة الشمس لمدة طويلة أو قمت بجلسة تسمير؟

هل استخدمت مستحضرات تسمير البشرة؟ نعم / لا

هل لديك أي وشوم / تاتو في منطقة العلاج؟ نعم / لا

هل تم تشخيصك سابقا بأي اختلالات أو مشاكل هرمونية؟ نعم / لا

ماهي المنتجات التي تستخدمها لبشرتك حاليا؟

هل اجريت اي عملية إزالة شعر سابقا؟ نعم / لا

السيارات فقط : هل انت حامل؟ نعم / لا

هل قمت سابقا بإجراء مكياج دائم للوجه؟ نعم / لا

I, Sara Babny, 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, patient's commitment to precautions before and after sessions and the variation of individual responses to treatment. and I consent that I know all the alternative 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.

الإسم و التوقيع

Name and Signature
Sara Babny

Date
16.06.2019

التاريخ

..... / ... /

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

وأفهم أن أشعة الليزر تنتج طيفا من الضوء الذي يولد طاقة ذات طول موجي معين يتم امتصاصها في الأصبغ الموجودة في بصيلة الشعر لتصل قدرتها على انهاء الشعر.

وأفهم ان نتائج العلاج تختلف من شخص إلى آخر باختلاف التاريخ الطبي و نوع البشرة و نوع الشعر و التزام المريض بتعليمات المعالج قبل و بعد العمليات و اختلاف استجابة الأشخاص للعلاج. و إنني على علم كامل بكافة الطرق البديلة لإزالة الشعر كالشمع و التفت و الكريكات 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 ٤-٦ أسابيع قبل و بعد العلاج.

- يجب تقادي إزالة الشعر بالشمع أو التفت قبل العلاج ب ٦ أسابيع على الأقل.

- الوشم و التاتو و المكياج الدائم في منطقة العلاج قد تتأثر بالعلاج بالليزر.

- يجب إعطاء التاريخ الطبي كاملا و يشمل ذلك العلاجات و الحساسية 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 أتيت لي الفرصة للتسمير و توجيه الأسئلة الى المعالج المختص و أنني قد قرأت و فهمت محتويات هذا الاقرار أو قد تمت قرأته لي. و أنني تجاوزت القائمة عشر من عمري أو حصلت على موافقة ولي أمر في حال عدم بلوغي السن القانوني.

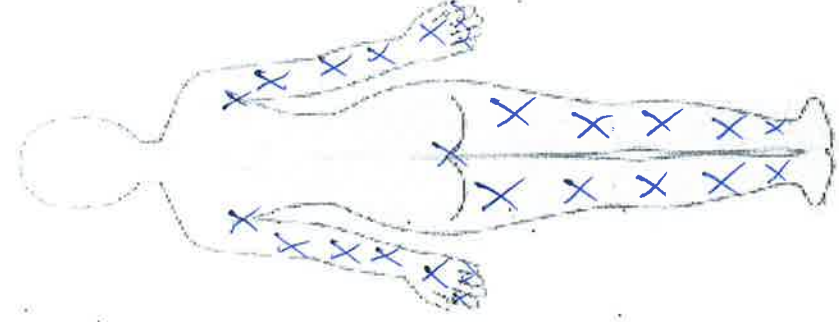
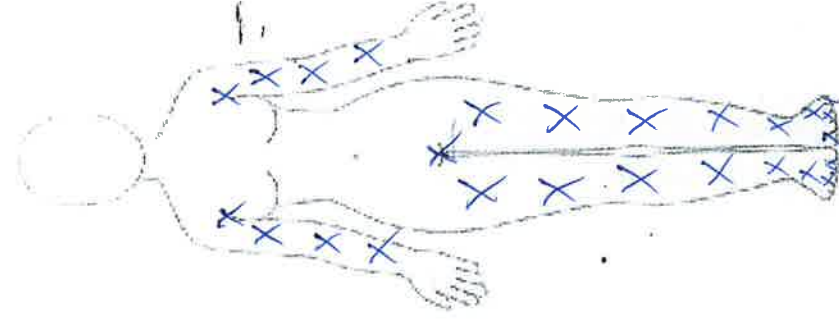
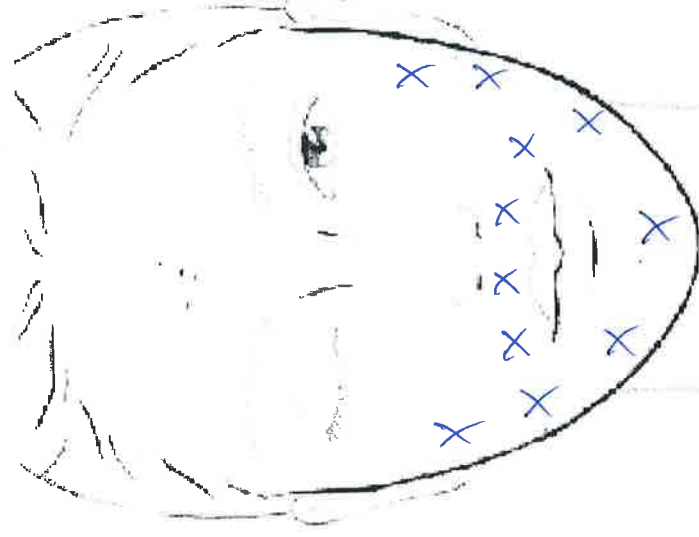
Patient's Name: Sara Shalabi اسم المريض

File Number: رقم الملف

Pain Relief given? Yes / No

Evaluation and consent form completed? Yes / No

Pretreatment photography taken? Yes / No



	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Treatment Date	16/06/19	07/10/19	27/01/20			
Treatment Area	Full Body	Full body + S/D back	Same			
Hair Type	Soft	S/D back	Soft/Dark			
Mode	ALEX	Alex	Alex			
Fluence	7J/8.5ms	7J/9.5ms	8J/10ms			
Pulse Type						
CNT Pulse						
Passes	1	1				
Starting Time	4 pm	2:45 pm	1 pm			
Finish Time	5 pm	4:15 pm	2:30 pm			
Post Treatment						

Therapist Name and Signature

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

Name	Sara,Rabhy,Mohamed,,Shalaby	IDN:	784198769525423	Mother Name:	
Name (Ar)	سار رابحى محمد شالابى	Card Number:	087490244	Mother Name (Ar):	
Title:		Nationality:	EGY	Family ID:	
Title(Ar):		Nationality (Ar):	مصر		
Issue Date:	04/02/2018	Sex:	F	Sponsor Type:	08
Expiry Date:	28/01/2021	Date of Birth:	16/04/1987	Sponsor Name:	طيران الامارات (الموارد البشرية)
Marital Status:	01	Husband IDN:		Sponsor Number:	00
Residency Type:	07	Residency Number:	20120157004811	Residency Expiry:	28/01/2021
ID Type:	IL	Occupation:	5111	Occupation Field:	00

Photo



Signature Image

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

5/10/2019



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 200.00

RECEIPT VOUCHER

No: REC-003644

Date: 10-05-2019

Receive from Mr./Mrs./M/s. 1002119 - SARA SHALABY - 971561491919

The sum of Dhs. **Two Hundred Only**By Cash **0.00** / By Credit Card **200.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank:

Cheque No.

Date:

ing **ADVANCE FOR DENTAL TREATMENT**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 أوركيد الطبي
ORCHID MEDICAL CENTER

No: REC-003679

RECEIPT VOUCHER

Date: 14-05-2019

AED 250.00

Receive from Mr./Mrs./M/s. 1002119 - SARA SHALABY - 971561491919

The sum of Dhs. **Two Hundred Fifty Only**By Cash **0.00** / By Credit Card **250.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date:

Being **ADVANCE FOR COMPOSITE FILLING**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 200.00

RECEIPT VOUCHER (No.REC-003727)

Date:19-05-2019

Receive from Mr./Mrs./M/s. 1002119 - SARA SHALABY - 971561491919

The sum of Dhs. **Two 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 **200.00**

Bank:

Date: 19-05-2019

Cheque No.

Being **Composite Filling**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 : 1002119 - SARA SHALABY - 971561491919

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 250.00

RECEIPT VOUCHER (No. REC-003726)

Date:19-05-2019

Receive from Mr./Mrs./M/s. 1002119 - SARA SHALABY - 971561491919

The sum of Dhs. Two Hundred Fifty 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 250.00

Bank: Cheque No.

Date: 19-05-2019

Being Composite Filing

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 : 1002119 - SARA SHALABY - 971561491919

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

Reimbursement Claim Form Medical / Dental



THE EMIRATES GROUP

- Requirements:**
1. Create a claim ID on HRDirect > Profile > Medical Benefits > Claims > Add > Save > Submit
 2. Submit completed claim form with doctor's signature and stamp
 3. Submit supporting documents including original receipts and prescription copies

Section A - Employee Details (* Mandatory Fields)

Claim ID number *	
Name of Employee *	Staff Number *

Section B - Patient Medical Details (To be fully completed by treating doctor or dentist)

Patient Name	DOB
Sara Shalaby	16/04/1987
Complaints / Onset / History	
Sore pain 24-25	
Diagnosis	
Deep caries 24 / class II 25	
Planned Treatment	
drilling / filling / filling 25	
Signature and Stamp	Date
<i>[Signature]</i>	20/5 / 2017



Section C - Patient / Spouse / Guardian Signature (* Mandatory Fields)

I hereby authorise the Emirates Group to obtain any and all medical records, reports and test results, either in original hard-copy form or via access to electronic data systems, as may be required to validate my claim. I consent to the Emirates Group disclosing my medical records, reports and test results for the purpose of processing and validating my claim. In addition, I understand any such medical information provided to the Emirates Group will be accessible to Emirates Group employees (including employees of wholly owned subsidiaries) on the Emirates Medical Benefits System Employee Portal via confidential log-in.

Signature _____ Date / /

Section D - Employee Checklist (* Mandatory Fields)

Employee check	Documents Submitted	For MB use only
<input type="checkbox"/> Claim form *		<input type="checkbox"/>
<input type="checkbox"/> Original receipts *		<input type="checkbox"/>
<input type="checkbox"/> Prescription copy *		<input type="checkbox"/>
<input type="checkbox"/> EK referral		<input type="checkbox"/>
<input type="checkbox"/> Breakdown of costs		<input type="checkbox"/>
<input type="checkbox"/> Medical / Lab / Investigation report - LMP date if pregnant		<input type="checkbox"/>

Category: **A** **B** **C** **D** Processor _____ Date _____ Payable _____ Non-payable _____

مركز أوركيد الطبي
ORCHID MEDICAL CENTER

Date:19-05-2019

AED 200.00

RECEIPT VOUCHER (No.REC-003727)

Receive from Mr./Mrs./M/s. 1002119 - SARA SHALABY - 971561491919

The sum of Dhs. Two 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 200.00

Date: 19-05-2019

Bank: Cheque No.

Being Composite Filling

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 : 1002119 - SARA SHALABY - 971561491919

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





مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 250.00

RECEIPT VOUCHER (No. REC-003726)

Date: 19-05-2019

Receive from Mr./Mrs./M/s. 1002119 - SARA SHALABY - 971561491919

The sum of Dhs. Two Hundred Fifty 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 **250.00**

Bank: Cheque No.

Date: 19-05-2019

Being **Composite Filling**

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 : 1002119 - SARA SHALABY - 971561491919

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





مركز أوريكيد الطبي
ORCHID MEDICAL CENTER

AED 2,100.00

RECEIPT VOUCHER (No. REC-004063)

Date: 15-06-2019

Receive from Mr./Mrs./M/s. 1002119 - SARA SHALABY - 971561491919

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

By Cash 0.00 / By Credit Card 2,100.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank:

Date: 15-06-2019

Cheque No.

Being DIETITIAN 5 KG PACKAGE FOR 7 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 : 1002119 - SARA SHALABY - 971561491919

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

InBody

(22/10/19)

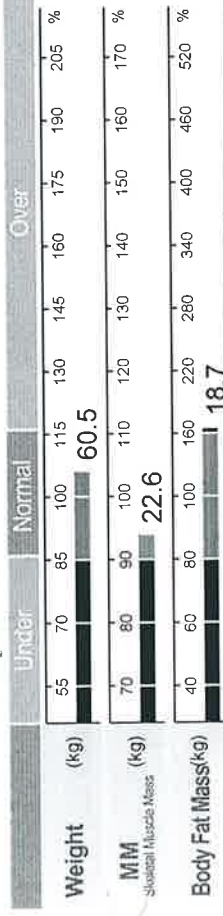
*(Microwaves)
Sara For Fitting*

ID 150619-2 | Height 163cm | Age 32 | Gender Female | Test Date / Time 22.10.2019. 13:02

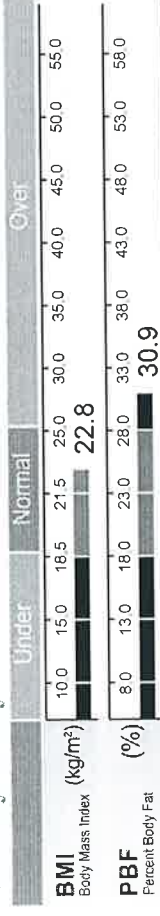
Body Composition Analysis

Total amount of water in body	Total Body Water (L)	30.5 (29.1~35.5)
For building muscles	Protein (kg)	8.2 (7.8~9.6)
For strengthening bones	Minerals (kg)	3.10 (2.69~3.29)
For storing excess energy	Body Fat Mass (kg)	18.7 (11.4~18.3)
Sum of the above	Weight (kg)	60.5 (48.5~65.7)

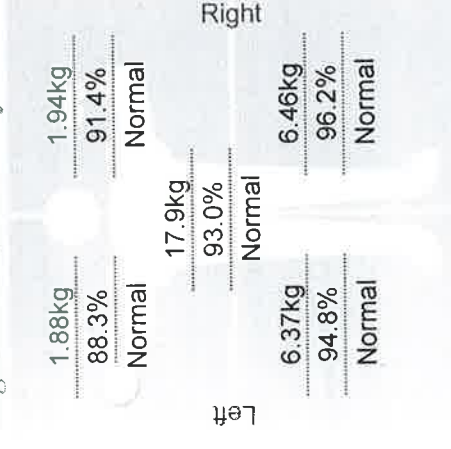
Muscle-Fat Analysis



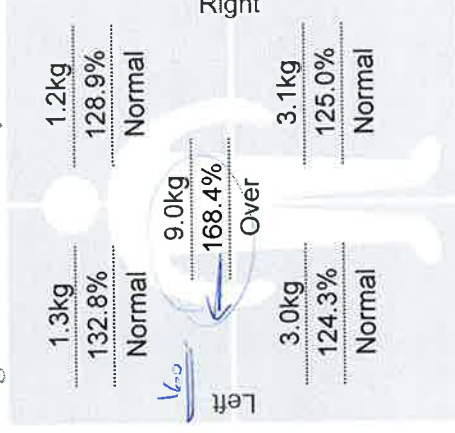
Obesity Analysis



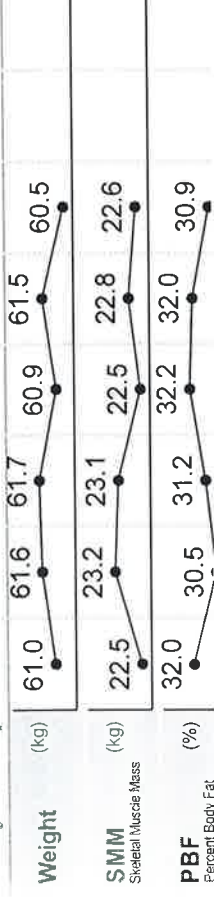
Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History



InBody Score

72 / 100 Points

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

Weight Control

Target Weight	57.2 kg
Weight Control	- 3.3 kg
Fat Control	- 5.5 kg
Muscle Control	+ 2.2 kg

Obesity Evaluation

BMI	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Slightly Over	<input type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Slightly Over	<input type="checkbox"/> Over	

Waist-Hip Ratio

0.84

Visceral Fat Level

Level 7

Research Parameters

Fat Free Mass	41.8 kg
Basal Metabolic Rate	1273 kcal (1276~1477)
Obesity Degree	106 % (90~110)
Recommended calorie intake	2092 kcal

Calorie Expenditure of Exercise

Golf	107	Gateball	115
Walking	121	Yoga	121
Badminton	137	Table Tennis	137
Tennis	182	Bicycling	182
Boxing	182	Basketball	182
Mountain Climbing	197	Jumping Rope	212
Aerobics	212	Jogging	212
Soccer	212	Swimming	212
Japanese Fencing	303	Racketball	303
Squash	303	Taekwondo	303

* 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

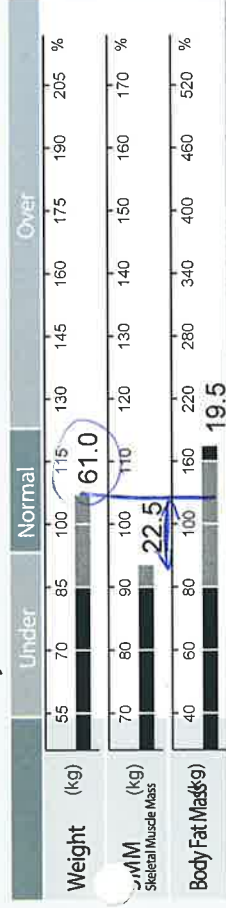
RA	LA	TR	RL	LL
Z(Ω) 20 kHz	431.9	448.4	22.9	290.3
100 kHz	393.4	410.5	20.5	259.5
			266.7	

ID 150619-2 | Height 163cm | Age 32 | Gender Female | Test Date & Time 15.06.2019. 15:47

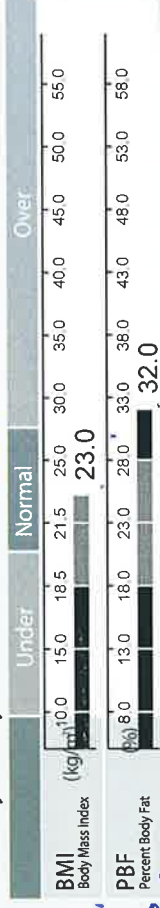
Body Composition Analysis

Total amount of water in body	Total Body Water (L)	30.3 (29.1~35.5)
For building muscles	Protein (kg)	8.1 (7.8~9.6)
For strengthening bones	Minerals (kg)	3.10 (2.69~3.29)
For storing excess energy	Body Fat Mass (kg)	19.5 (11.4~18.3)
Sum of the above	Weight (kg)	61.0 (48.5~65.7)

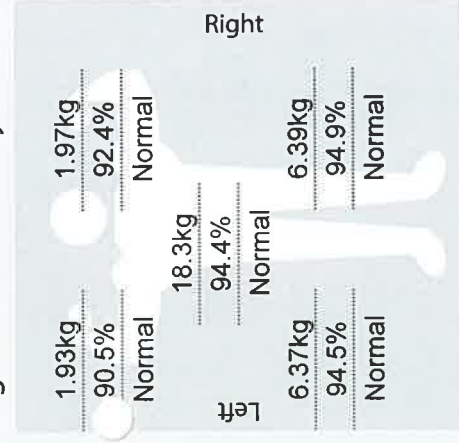
Muscle-Fat Analysis



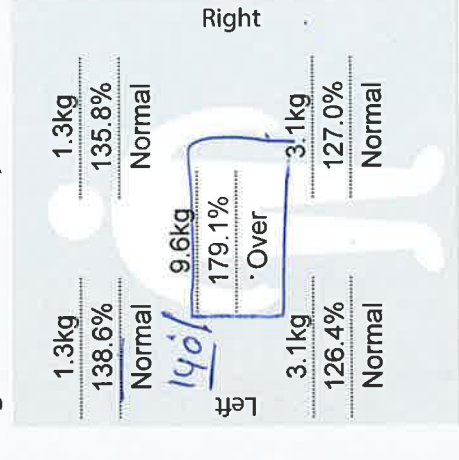
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History

Weight (kg)	61.0
SMM (kg)	22.5
PBF (Percent Body Fat)	32.0

InBody Score

71 / 100 Points

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

Weight Control

Target Weight 57.1 kg
 Weight Control -3.9 kg
 Fat Control -6.4 kg
 Muscle Control +2.5 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over
 PBF Normal Slightly Over Over

Waist-Hip Ratio

0.86 (0.75 ~ 0.85)

Visceral Fat Level

Level 8 (Low ~ 10 ~ High)

Research Parameters

Fat Free Mass 41.5 kg
 Basal Metabolic Rate 1266 kcal (1283~1486)
 Obesity Degree 107 % (90~110)
 Recommended calorie intake 2098 kcal

Calorie Expenditure of Exercise

Golf	107	Gateball	116
Walking	122	Yoga	122
Badminton	138	Table Tennis	138
Tennis	183	Bicycling	183
Boxing	183	Basketball	183
Mountain Climbing	199	Jumping Rope	214
Aerobics	214	Jogging	214
Soccer	214	Swimming	214
Japanese Fencing	305	Racketball	305
Squash	305	Taekwondo	305

* 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 433.8 443.7 24.2 307.5 308.8
 100 kHz 393.8 404.6 21.7 273.2 275.7



مركز أوركيديد الطبي
ORCHID MEDICAL CENTER

AED 892.50

RECEIPT VOUCHER (No. REC-004072)

Date: 16-06-2019

Receive from Mr./Mrs./M/s. **1002119 - SARA SHALABY - 971561491919**

The sum of Dhs. **Eight Hundred Ninety-Two Dirhams and Fifty Fils Only**

By Cash **0.00** / By Credit Card **892.50** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **16-06-2019**

Being **FULL BODY + 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 : **1002119 - SARA SHALABY - 971561491919**

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

إقرار طبي لجهاز الإنديمد

أقر بأنني قد حصلت على المعلومات الكاملة المتعلقة باستخدام جهاز إنديمد برو الذي يستخدم طاقة الموجات الصوتية لشد الجلد.

استخدام طاقة الموجات الصوتية لشد الجلد ينتج حرارة عميقة في الجلد في منطقة العلاج. لا يجب أن يسبب العلاج أي ألم و عادة ليس لديه أي أعراض جانبية.

استخدام هذا الجهاز قد يسبب انتفاخا مؤقتا و احمرارا في الجلد, وفي حالات نادرة قد ينتج حرق في منطقة العلاج, وفي هذه الحالة الطبيب المعالج سوف يعالج هذه المنطقة حالا وسوف يتلقى المريض الإرشادات حول العلاج المطلوب.

العلاجات البديلة لشد الجلد تتضمن الليزر او التكنولوجيا الضوئية . العلاجات التي تعتمد على الليزر تعتبر الأكثر الما وقد تسبب حروقات, بينما التي تعتمد على الضوء أقل فعالية من غيرها.

(أ) أقر بأنني اطلعت على البيانات أعلاه وأنهم توابعها وأنني قد وقعت هذا الإقرار بكامل إرادتي, وأنني قد حصلت على نسخة منه موقعة ومترخة.

الاسم: لملا حزينه تميم
التاريخ: 22/07/2019
التوقيع: Sana

ID 150619-2 | Height 163cm | Age 32 | Gender Female | Test Date & Time 20.06.2019. 14:44

Body Composition Analysis

Total amount of water in body	Total Body Water (L)	31.2 (29.1~35.5)
For building muscles	Protein (kg)	8.4 (7.8~9.6)
For strengthening bones	Minerals (kg)	3.21 (2.69~3.29)
For storing excess energy	Body Fat Mass (kg)	18.8 (11.4~18.3)
Sum of the above	Weight (kg)	61.6 (48.5~65.7)

InBody Score

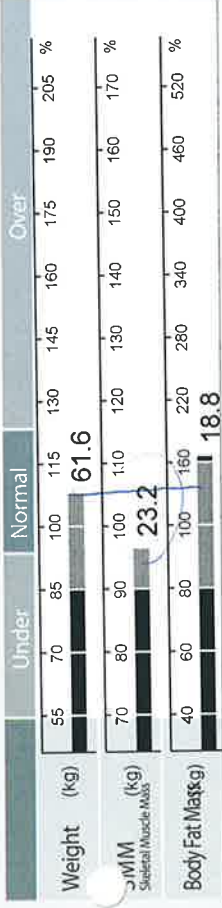
73/100 Points

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

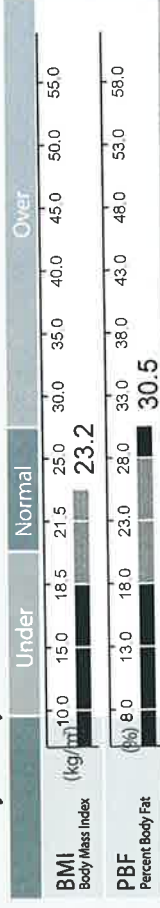
Weight Control

Target Weight	57.2 kg
Weight Control	- 4.4 kg
Fat Control	- 5.6 kg
Muscle Control	+ 1.2 kg

Muscle-Fat Analysis



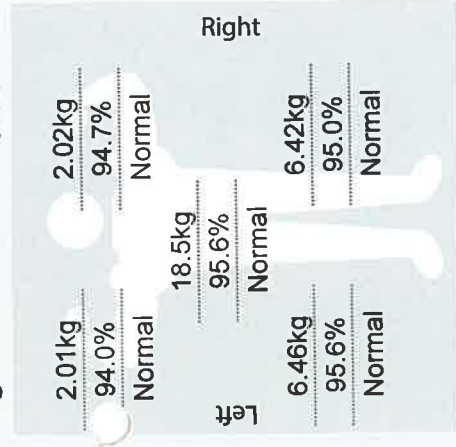
Obesity Analysis



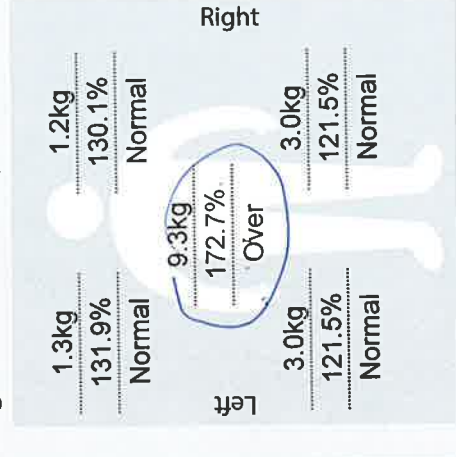
Research Parameters

Fat Free Mass	42.8 kg
Basal Metabolic Rate	1295 kcal (1292~1497)
Obesity Degree	108 % (90~110)
Recommended calorie intake	2104 kcal

Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History

Weight (kg)	61.0	61.6
SMM (kg)	22.5	23.2
PBF (Percent Body Fat)	32.0	30.5

Calorie Expenditure of Exercise

Golf	108	Gateball	117
Walking	123	Yoga	123
Badminton	139	Table Tennis	139
Tennis	185	Bicycling	185
Boxing	185	Basketball	185
Mountain Climbing	201	Jumping Rope	216
Aerobics	216	Jogging	216
Soccer	216	Swimming	216
Japanese Fencing	308	Racketball	308
Squash	308	Taekwondo	308

* 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

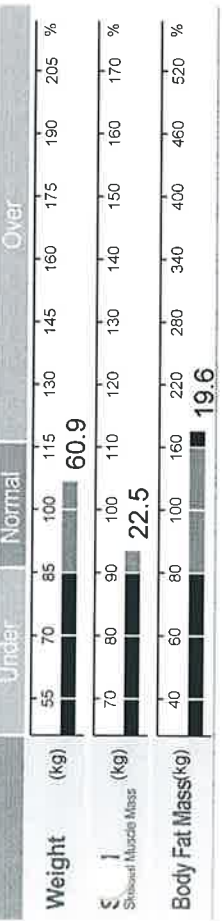
Z ₍₄₎ 20 kHz	420.4	423.2	22.4	296.4	291.7
100 kHz	382.8	387.3	19.9	264.7	260.6

ID 150619-2 | Height 163cm | Age 32 | Gender Female | Test Date / Time 16.07.2019. 13:23

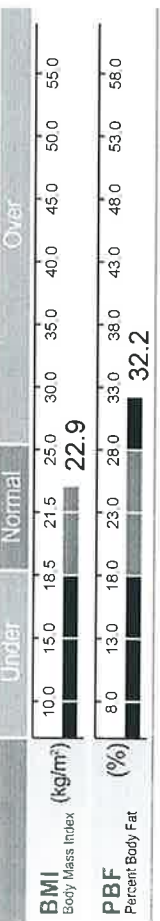
Body Composition Analysis

Total amount of water in body	Total Body Water (L)	30.1 (29.1~35.5)
For building muscles	Protein (kg)	8.2 (7.8~9.6)
For strengthening bones	Minerals (kg)	2.99 (2.69~3.29)
For storing excess energy	Body Fat Mass (kg)	19.6 (11.4~18.3)
Sum of the above	Weight (kg)	60.9 (48.5~65.7)

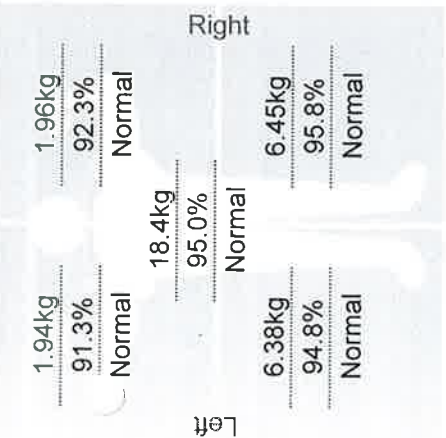
Muscle-Fat Analysis



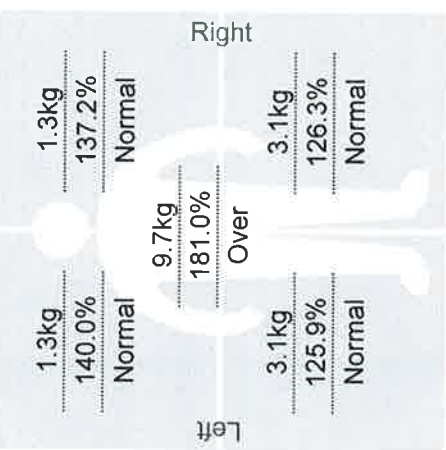
Obesity Analysis



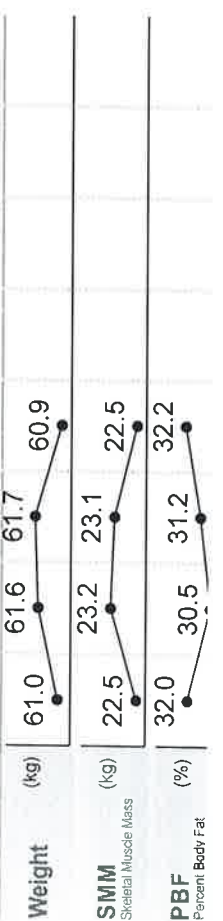
Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History



InBody Score

71 / 100 Points

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

Weight Control

Target Weight 57.1 kg
 Weight Control - 3.8 kg
 Fat Control - 6.5 kg
 Muscle Control + 2.7 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over
 PBF Normal Slightly Over Over

Waist-Hip Ratio



Visceral Fat Level



Research Parameters

Fat Free Mass 41.3 kg
 Basal Metabolic Rate 1262 kcal (1282~1484)
 Obesity Degree 107 % (90~110)
 Recommended caloric intake 2097 kcal

Calorie Expenditure of Exercise

Golf	107	Gateball	116
Walking	122	Yoga	122
Badminton	138	Table Tennis	138
Tennis	183	Bicycling	183
Boxing	183	Basketball	183
Mountain Climbing	199	Jumping Rope	213
Aerobics	213	Jogging	213
Soccer	213	Swimming	213
Japanese Fencing	305	Racketball	305
Squash	305	Taekwondo	305

* 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

Z(Ω) 20 kHz | 430.1 434.1 26.4 309.3 315.8
 100 kHz | 390.1 396.7 23.4 273.3 279.0

ID 150619-2

Height 163cm

Age 32

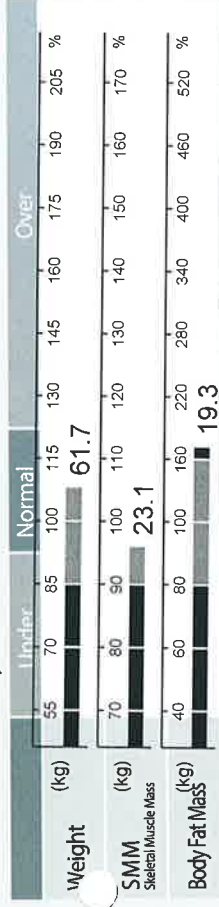
Gender Female

Test Date & Time 06.07.2019. 14:55

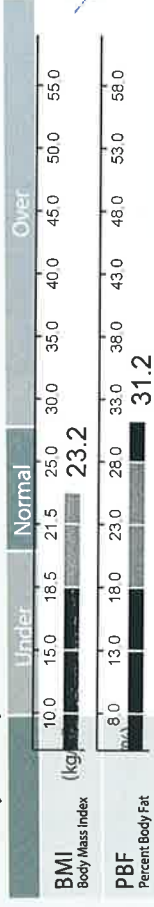
Body Composition Analysis

Total amount of water in body	Total Body Water (L)	30.9 (29.1~35.5)
For building muscles	Protein (kg)	8.4 (7.8~9.6)
For strengthening bones	Minerals (kg)	3.11 (2.69~3.29)
For storing excess energy	Body Fat Mass (kg)	19.3 (11.4~18.3)
Sum of the above	Weight (kg)	61.7 (48.5~65.7)

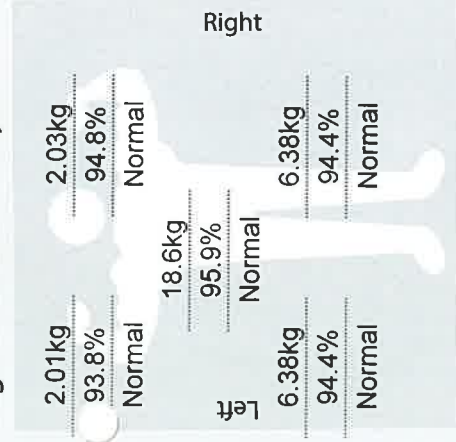
Muscle-Fat Analysis



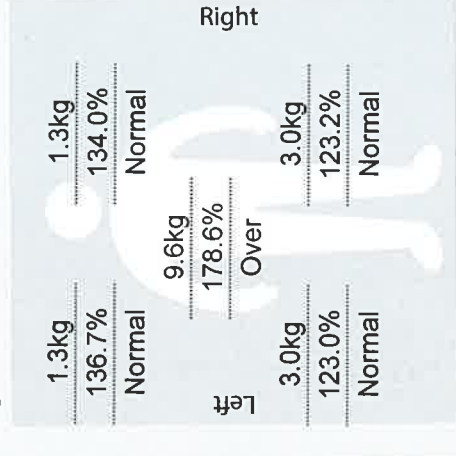
Obesity Analysis



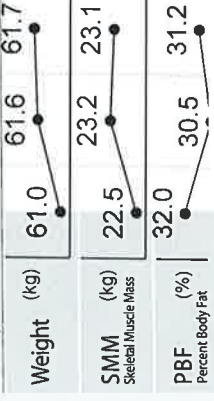
Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History



InBody Score

72 / 100 Points

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

Weight Control

Target Weight 57.1 kg
 Weight Control -4.6 kg
 Fat Control -6.1 kg
 Muscle Control +1.5 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over

PBF Normal Slightly Over Over

Waist-Hip Ratio



Visceral Fat Level



Research Parameters

Fat Free Mass 42.4 kg
 Basal Metabolic Rate 1287 kcal (1294~1499)
 Obesity Degree 108 % (90~110)
 Recommended calorie intake 2105 kcal

Calorie Expenditure of Exercise

Golf	109	Gateball	117
Walking	123	Yoga	123
Badminton	139	Table Tennis	139
Tennis	185	Bicycling	185
Boxing	185	Basketball	185
Mountain Climbing	201	Jumping Rope	216
Aerobics	216	Jogging	216
Soccer	216	Swimming	216
Japanese Fencing	309	Racketball	309
Squash	309	Taekwondo	309

* 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

Z₀ 20 kHz 427.7 431.3 22.9 307.8 307.2
 100 kHz 388.9 395.1 20.5 273.1 272.8

ID 150619-2 | Height 163cm | Age 32 | Gender Female | Test Date / Time 03.08.2019. 14:58

Body Composition Analysis

Total amount of water in body	Total Body Water (L)	30.5 (29.1~35.5)
For building muscles	Protein (kg)	8.3 (7.8~9.6)
For strengthening bones	Minerals (kg)	3.00 (2.69~3.29)
For storing excess energy	Body Fat Mass (kg)	19.7 (11.4~18.3)
Sum of the above	Weight (kg)	61.5 (48.5~65.7)

InBody Score 71 / 100 Points

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

Weight Control

Target Weight 57.1 kg
 Weight Control -4.4 kg
 Fat Control -6.5 kg
 Muscle Control +2.1 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over

PBF Normal Slightly Over Over

Waist-Hip Ratio

0.85

Visceral Fat Level

Level 8

Research Parameters

Fat Free Mass 41.8 kg
 Basal Metabolic Rate 1274 kcal (1291~1495)
 Obesity Degree 108 % (90~110)
 Recommended calorie intake 2103 kcal

Calorie Expenditure of Exercise

Golf	108	Gateball	117
Walking	123	Yoga	123
Badminton	139	Table Tennis	139
Tennis	185	Bicycling	185
Boxing	185	Basketball	185
Mountain Climbing	201	Jumping Rope	215
Aerobics	215	Jogging	215
Soccer	215	Swimming	215
Japanese Fencing	308	Racketball	308
Squash	308	Taekwondo	308

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

Results Interpretation QR Code

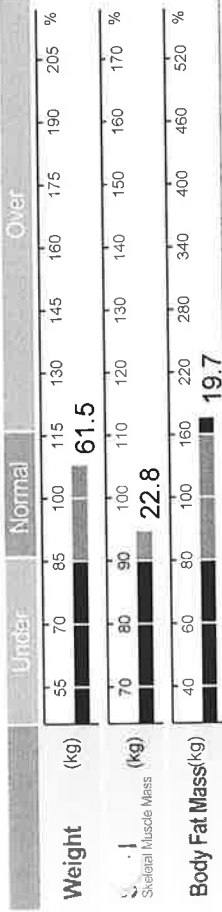
Scan the QR Code to see results interpretation in more detail.



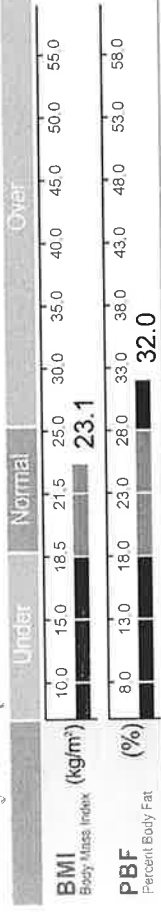
Impedance

RA LA TR RL LL
 Z_(Ω) 20 kHz | 422.6 428.4 25.6 289.8 292.7
 100 kHz | 384.7 391.7 23.2 255.7 258.7

Muscle-Fat Analysis

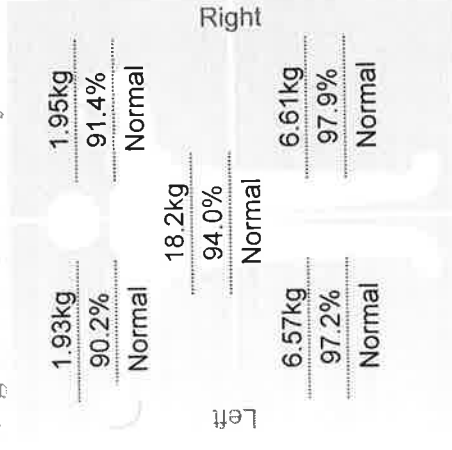


Obesity Analysis



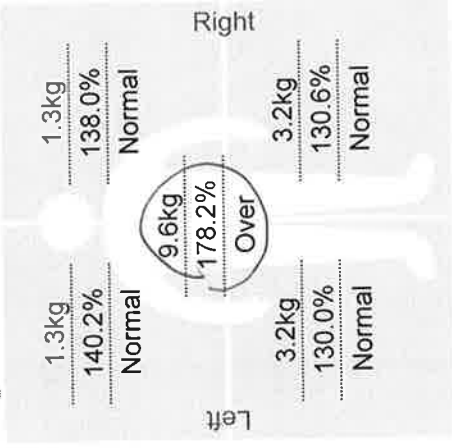
Lean Mass % Evaluation

Segmental Lean Analysis



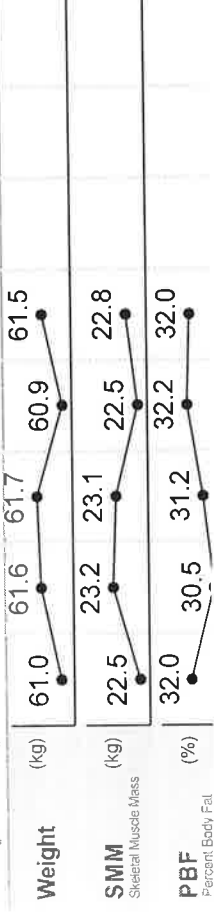
Fat Mass % Evaluation

Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History





مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 2,100.00

RECEIPT VOUCHER

No: REC-004614

Date: 03-08-2019

Receive from Mr./Mrs./M/s. 1002119 - SARA SHALABY - 971561491919

The sum of Dhs. Two Thousand One Hundred Only

By Cash 0.00 / By Credit Card 2,100.00 (Bank Charges: 0.00) / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No. Date:

Being ADVANCE FOR DIETITIAN PKG + 7 SESSION ENDYMED + 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 2,100.00

RECEIPT VOUCHER (No.REC-005281)

Date:29-09-2019

Receive from Mr./Mrs./M/s. 1002119 - SARA SHALABY - 971561491919

The sum of Dhs. **Two Thousand One 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 **2,100.00**

Bank: Cheque No.

Date: 29-09-2019

Being **DIETITION PKG WITH 5 SESSIONS ENDYMED + 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 : 1002119 - SARA SHALABY - 971561491919

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



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 1,102.50

RECEIPT VOUCHER (No.REC-005422)

Date:07-10-2019

Receive from Mr./Mrs./M/s. 1002119 - SARA SHALABY - 971561491919

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

By Cash **0.00** / By Credit Card **1,102.50** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: **07-10-2019**

Being **FULL BODY PLUS + 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 : 1002119 - SARA SHALABY - 971561491919

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



مركز أوركيديد الطبي
ORCHID MEDICAL CENTER

AED 1,102.50

RECEIPT VOUCHER (No.REC-007291)

Date:27-01-2020

Receive from Mr./Mrs./M/s. 1002119 - SARA SHALABY - 971561491919

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

By Cash 0.00 / By Credit Card 1,102.50 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 27-01-2020

Being FULL BODY PLUS + 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 : 1002119 - SARA SHALABY - 971561491919

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