



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

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

File No: .....

Date: 21/9/19

Date: ... / ... / ..... File Number: 1002929  
Patient Name: Farah Faeed Zahid اسم المريض: فراج خويدي زاهد  
Date of Birth (تاريخ الميلاد): 18 / 8 / 1984 Gender (الجنس): M / ♂ Marital Status (الحالة الاجتماعية): Single (متزوج) جيتو، جيتو  
Nationality (الجنسية): Jordanian (الأجنبية): Jordanian (الأجنبية): .....  
Address (العنوان): ..... Phone No. (رقم الهاتف): 055.675.0216  
E-MAIL: Farah.842.ea@ohc.jo Email: ..... How did you know about us: .....

التاريخ الطبي Medical History		
Medical Condition / الحالة الطبية	Yes/No / نعم / لا	If 'YES' give details / إذا كانت الإجابة نعم انكر بالتفصيل
Recent or current drugs/Medical Treatment هل تتعاطى أي دوية أو تتلقى أي علاجات حديثة؟	لا	
Corticosteroids/Immunosuppressant هل تتعاطى أي مضروبات أو مثبطات للمناعة؟	لا	
Allergies هل لديك أي حساسية؟	لا	
Surgical Operations, Serious illness هل أجريت أي عمليات جراحية أو تعاني من أي أمراض؟	نعم	ولادة قيصرية
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 الدم؟	لا	
Anemia, Leukemia (سرطان الدم) أنيميا (نقر الدم)، لوكميا (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 ممانع للحمل؟ هل تعاني من مشاكل في الدورة الشهرية؟	نعم	جوب صغ الحمل Ya Samih
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 / فيروس الأبتز، فيروس الحلا البسيط etc MSV, 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: ... / ... / .....

### نموذج القرار الطبي

- أوافق و أسمح للطبيب بعلاج حالتي العرضية التي تم شرحها لي من قبل الطبيب المختص والمؤهل.
- أفهم أن بعض الإجراءات الطبية والتشخيصية الإضافية قد تكون ضرورية من أجل تزويدي بالعلاج الأمثل و الخدمة الأفضل.
- أفهم أنه من الممكن أن يتكشف الطبيب خلال العلاج أموراً مختلفة عن ما نذكر 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 العلاج و الإجراءات الطبية أو التجميلية المقدمة لي، كما أفهم الأخطار و المضاعفات الناتجة عن عدم استكمال علاج حالتي العرضية.
- أفهم تماماً كافة الأخطار و المضاعفات التي قد تكون محتملة للفحوصات و الإجراءات العلاجية و الجراحية.
- و ادرك ان بعض الإجراءات التشخيصية و العلاجية و الجراحية قد تؤدي الى مضاعفات كالإلتهاب أو التورم أو النزيف أو الألم أو الحساسية
- أفهم أن هناك رسوم بالمد الأندى 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 قدمت لي تغطي الملف الصحية و أفهم ان اي معلومات تتعلق بحالتي الصحية ستبقى سرية تماماً ولا يمكن الاطلاع عليها دون موافقتي
- أقر ان 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 (من هم دون السن القانونية):

التاريخ: 2019/ 9 / 2

## استمارة تقييم المريض Patient Assessment Form

المؤشرات الحيوية Vital Signs		
Weight (الوزن): 68 Kg	Height (الطول): 164 cm	Blood Type (دمية الدم):
Pulse (النبض): --- ppm	Blood Pressure (ضغط الدم): 1 ---	Blood Sugar (سكر الدم):

### سبب زيارة المريض للعيادة Chief Complaint

to loss weight + F.g Patient  
Constipation (severe constipation)

Disease History (التاريخ المرضي):	(IBS) → related to stress	
Allergies (الحساسية):	No.	
Medications (الأدوية):	Contraceptives	
Pregnancy (الحمل):	---	
Previous Surgeries, Hospitalization (عمليات سابقة، إيداع للمستشفى):	--- C.S. X(3)	
Smoking (التدخين): Y / N	Alcohol (الكحول): Y / N	Drugs (أدوية): Y / N

### الملاحظات العامة و السريرية General & Clinical Findings

#### الفحص Examination

BCA test:

#### الصور الشعاعية Radiography

#### التشخيص Diagnosis





REDAD DATA

cAEAlOEBA83ODQxO

Confirm Data

Public Data Readed Succ

SHOW READED DATA

**Public Data Verification report**

<b>File</b>	<b>Valid Signature?</b>
Non-Modifiable Data (SF3)	False
Modifiable Data (SF5)	False
Holder Signature Image (SF7)	False
Photography	False
Home Address	False
Work Address	False

**Card Holder Information**

<b>Name</b>	Farah,Fouad,,,Zahed	<b>IDN:</b>	784198496432968	<b>Mother Name:</b>	
<b>Name (Ar)</b>	فوج فواد,,,زهده	<b>Card Number:</b>	094118029	<b>Mother Name (Ar):</b>	
<b>Title:</b>		<b>Nationality (Ar):</b>	SYR الجمهورية العربية السورية	<b>Family ID:</b>	
<b>Issue Date:</b>	16/04/2019	<b>Sex:</b>	F	<b>Sponsor Type:</b>	03
<b>Expiry Date:</b>	09/04/2022	<b>Date of Birth:</b>	18/08/1984	<b>Sponsor Name:</b>	ادهم محمد ميكل
<b>Marital Status:</b>	02	<b>Husband IDN:</b>		<b>Sponsor Number:</b>	30095855
<b>Residency Type:</b>	03	<b>Residency Number:</b>	50120063002305	<b>Residency Expiry:</b>	09/04/2022
<b>ID Type:</b>	IL	<b>Occupation:</b>	11	<b>Occupation Field:</b>	00



Photo



Signature Image

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

9/21/2019

ID 210919-1 | Height 164cm | Age 35 | Gender Female | Test Date / Time 21.09.2019, 18:37

## Body Composition Analysis

Total amount of water in body	Total Body Water (L)	32.8 ( 29.4~36.0 )
For building muscles	Protein (kg)	8.9 ( 7.9~9.7 )
For strengthening bones	Minerals (kg)	3.23 ( 2.73~3.33 )
For storing excess energy	Body Fat Mass (kg)	24.1 ( 11.6~18.5 )
Sum of the above	Weight (kg)	69.0 ( 49.1~66.5 )

## InBody Score

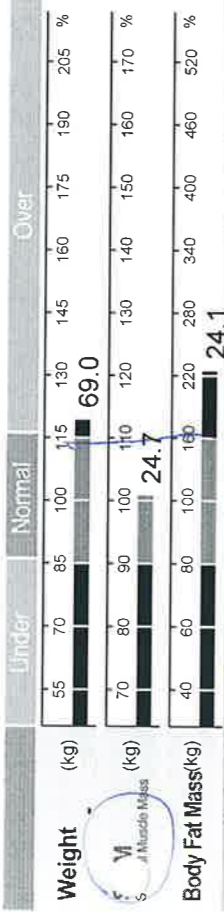
70/100 Points

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

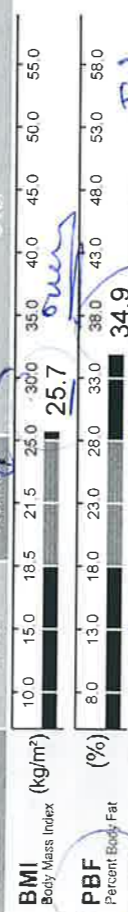
## Weight Control

Target Weight 58.3 kg  
 Weight Control -10.7 kg  
 Fat Control -10.7 kg  
 Muscle Control 0.0 kg

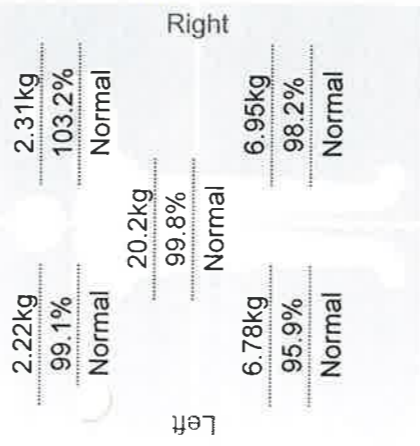
## Muscle-Fat Analysis



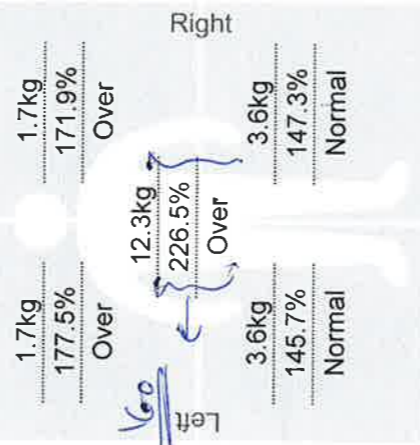
Obesity Analysis (14-15-16) 10kg, 18.5-24.9, 110kg Fat



## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Research Parameters

Fat Free Mass 44.9 kg  
 Basal Metabolic Rate 1340 kcal ( 1403~1632 )  
 Obesity Degree 119 % ( 90~110 )  
 Recommended calorie intake 1669 kcal

## Calorie Expenditure of Exercise

Golf	121	Gateball	131
Walking	138	Yoga	138
Badminton	156	Table Tennis	156
Tennis	207	Bicycling	207
Boxing	207	Basketball	207
Mountain Climbing	225	Jumping Rope	242
Aerobics	242	Jogging	242
Soccer	242	Swimming	242
Japanese Fencing	345	Racketball	345
Squash	345	Taekwondo	345

\*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(k $\Omega$ ) 20 kHz | 389.5 407.5 24.8 287.3 301.3  
 100 kHz | 350.7 369.2 21.6 254.1 268.0

## Body Composition History

Weight (kg)	69.0
SMM Skeletal Muscle Mass (kg)	24.7
PBF Percent Body Fat (%)	34.9



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No.REC-005164)

Date:21-09-2019

Receive from Mr./Mrs./M/s. 1002929 - FARAH 00. - 971556700216

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: 21-09-2019

Being **CONSULTATION**

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 : 1002929 - FARAH 00. - 971556700216

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





مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 730.00

RECEIPT VOUCHER

No: REC-005165

Date: 21-09-2019

Receive from Mr./Mrs./M/s. 1002929 - FARAH 00. - 971556700216

The sum of Dhs. Seven Hundred Thirty Only

By Cash 0.00 / By Credit Card 730.00 (Bank Charges: 0.00) / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank:

Cheque No.

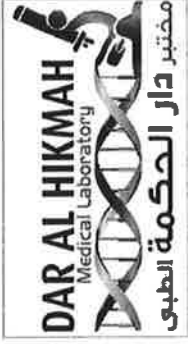
Date:

Doing BLOOD TEST

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**



## Laboratory Analysis Report

Name : Farah Fuaad  
Sex : Female  
Date Of Birth : 25 Y  
Referred By : Dr. Wesam  
Receiving Date : SEP-21-19 07:04 PM  
Insurance Company :  
Indication :

Clinic File No. : 1002929  
Lab File No. : 1909-08182  
Lab. Case No. : 55922  
Clinic Name : Orchid Medical Center  
Reporting Date : SEP-21-19 08:31 PM  
Insurance No. :

### HORMONES / ENDOCRINOLOGY

Test	Result	Unit	Reference Range	Methodology
Dehydroepiandrosterone-(DHEA S)	377.4	ug/dL	148.0 - 407.0	
Testosterone- Free <i>Sample Type Serum</i>	0.018	nmol/L	0.003 - 0.037	RIA
Tri-iodothyronine - Free (FT3)	3.20	pg/mL	2.47 - 3.90	
Thyroxine- Free (FT4)	0.70	ng/dL	0.61 - 1.12	ECLIA
TSH	1.50	uIU/mL	0.34 - 5.60	ECLIA
<i>Sample Type Serum</i>				

End of Report

\* Samples are processed on the same day of request unless indicated  
\* Results reported are for the samples received and reference range is age related when applicable



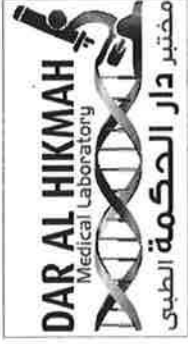
*Mona*

Verified by : Dr. Mona Mohamed Hagras  
Clinical Pathologist  
License No : D42240

Final Report  
Page 1 of 1

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Printed on : SEP-21-19 08:35 PM  
Tel. :+971 6 551 9916, Fax : +971 6 551 9917, E-mail: daralhikmah2012@gmail.com



## Laboratory Analysis Report

Name : Farah Fuaad  
Sex : Female  
Date Of Birth : 25 Y  
Referred By : Dr. Wesam  
Receiving Date : SEP-21-19 07:04 PM  
Insurance Company :  
Indication :  
Clinic File No. : 1002929  
Lab File No. : 1909-08182  
Lab. Case No. : 55922  
Clinic Name : Orchid Medical Center  
Reporting Date : SEP-21-19 08:30 PM  
Insurance No. :

### CLINICAL CHEMISTRY

Test	Result	Unit	Reference Range	Methodology
Glucose, Random	110.8	mg/dL	60.0 - 140.0 Non pregnant: 60 - 140 Pregnant: 60 - 105	
<i>Sample Type</i>				
<i>End of Report</i>				

\* Samples are processed on the same day of request unless indicated  
\* Results reported are for the samples received and reference range is age related when applicable



*Mona*

Verified by : Dr. Mona Mohamed Hagras  
Clinical Pathologist  
License No : D42240

Analysed by : ...

Final Report  
Page 1 of 1  
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Printed on : SEP-21-19 09:34 PM



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 2,100.00

RECEIPT VOUCHER (No.REC-005335)

Date:02-10-2019

Receive from Mr./Mrs./M/s. 1002929 - FARAH 00. - 971556700216

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

By Cash **600.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **1,500.00**

Bank: Cheque No.

Date: 02-10-2019

Being **DIETITIAN PACKAGE 5 KG FOR 5 SESSIONS WITH ENDYMED + 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 : 1002929 - FARAH 00. - 971556700216

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



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 1,500.00

RECEIPT VOUCHER

No: REC-005321

Date: 01-10-2019

Receive from Mr./Mrs./M/s. 1002929 - FARAH 00. - 971556700216

The sum of Dhs. **One Thousand Five Hundred Only**By Cash **1,500.00** / By Credit Card **0.00** (Bank Charges: **0.00**) / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank:

Cheque No.

Date:

Being **DIET PKG WITH ENDYMED SESSION + VAT 2100 BALANCE 600**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](mailto:info@omc1.ae)****[www.omc1.ae](http://www.omc1.ae)**

ID 210919-1 | Height 164cm | Age 35 | Gender Female | Test Date / Time 01.10.2019-15:44

## Body Composition Analysis

Total amount of water in body	Total Body Water (L)	33.1 ( 29.4~36.0 )
For building muscles	Protein (kg)	9.0 ( 7.9~9.7 )
For strengthening bones	Minerals (kg)	3.34 ( 2.73~3.33 )
For storing excess energy	Body Fat Mass (kg)	25.1 ( 11.6~18.5 )
Sum of the above	Weight (kg)	70.5 ( 49.1~66.5 )

## InBody Score

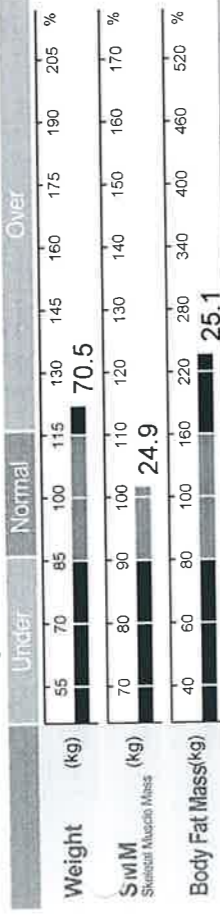
69/100 Points

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

## Weight Control

Target Weight 58.9 kg  
 Weight Control - 11.6 kg  
 Fat Control - 11.6 kg  
 Muscle Control 0.0 kg

## Muscle-Fat Analysis



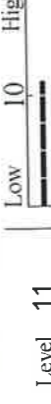
## Obesity Evaluation

BMI  Normal  Under  Slightly Over  Over  
 PBF  Normal  Slightly Over  Over

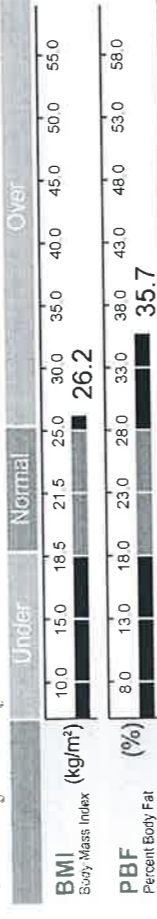
## Waist-Hip Ratio



## Visceral Fat Level



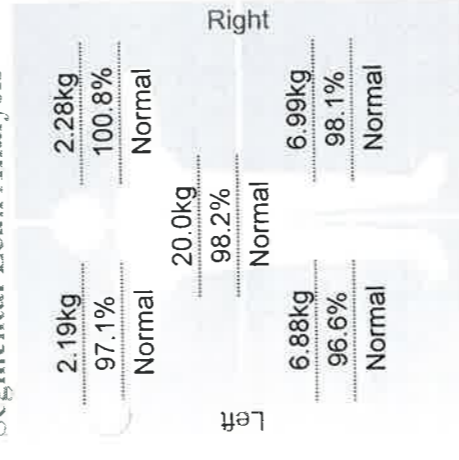
## Obesity Analysis



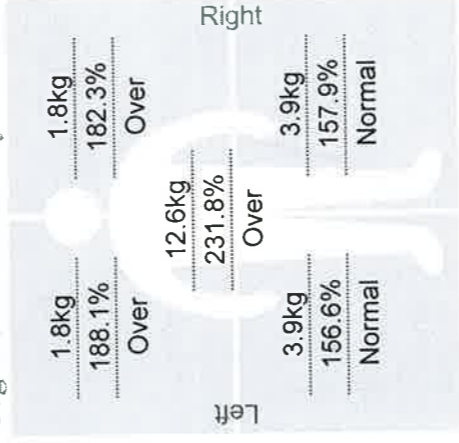
## Research Parameters

Fat Free Mass 45.4 kg  
 Basal Metabolic Rate 1350 kcal ( 1425~1660 )  
 Obesity Degree 122 % ( 90~110 )  
 Recommended calorie intake 1685 kcal

## Segmental Lean Analysis



## Segmental Fat Analysis



## Calorie Expenditure of Exercise

Golf	124	Gateball	134
Walking	141	Yoga	141
Badminton	159	Table Tennis	159
Tennis	212	Bicycling	212
Boxing	212	Basketball	212
Mountain Climbing	230	Jumping Rope	247
Aerobics	247	Jogging	247
Soccer	247	Swimming	247
Japanese Fencing	353	Racketball	353
Squash	353	Taekwondo	353

\* 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.



## Body Composition History



## Impedance

Z<sub>(60)</sub> 20 kHz | 401.0 418.5 23.7 281.0 288.5  
 100 kHz | 361.3 379.9 20.1 249.7 257.7

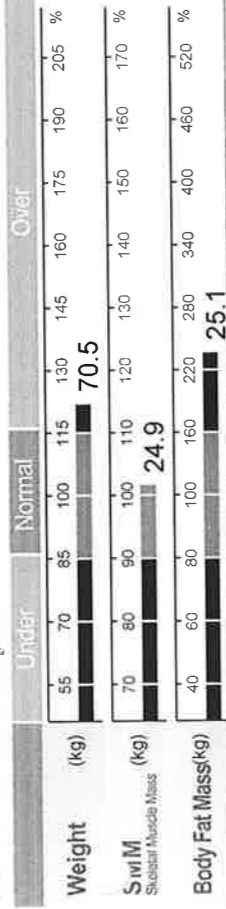
# InBody

ID 210919-1 | Height 164cm | Age 35 | Gender Female | Test Date / Time 01.10.2019. 15:44

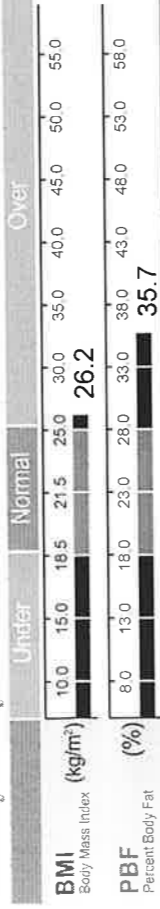
## Body Composition Analysis

Total amount of water in body	<b>Total Body Water</b>	(L)	33.1 ( 29.4~36.0 )
For building muscles	<b>Protein</b>	(kg)	9.0 ( 7.9~9.7 )
For strengthening bones	<b>Minerals</b>	(kg)	3.34 ( 2.73~3.33 )
For storing excess energy	<b>Body Fat Mass</b>	(kg)	25.1 ( 11.6~18.5 )
Sum of the above	<b>Weight</b>	(kg)	70.5 ( 49.1~66.5 )

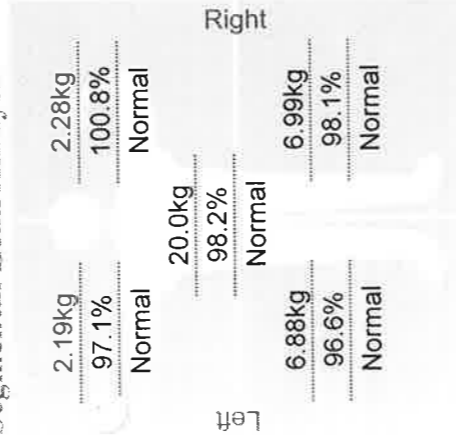
## Muscle-Fat Analysis



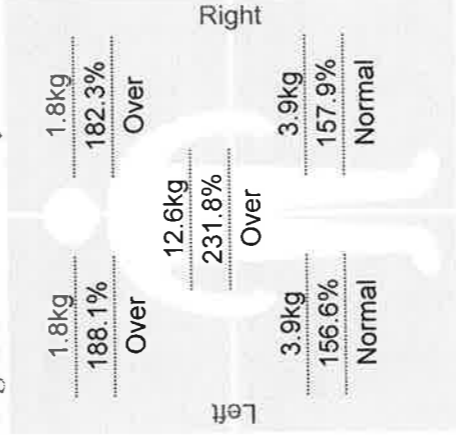
## Obesity Analysis



## Segmental Lean Analysis



## Segmental Fat Analysis



## Body Composition History



## InBody Score

69 / 100 Points

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

## Weight Control

Target Weight 58.9 kg  
 Weight Control - 11.6 kg  
 Fat Control - 11.6 kg  
 Muscle Control 0.0 kg

## Obesity Evaluation

BMI  Normal  Under  Slightly Over  Over  
 PBF  Normal  Slightly Over  Over

## Waist-Hip Ratio

0.90 ( 0.75 0.85 )

## Visceral Fat Level

Level 11 ( Low 10 High )

## Research Parameters

Fat Free Mass 45.4 kg  
 Basal Metabolic Rate 1350 kcal ( 1425~1660 )  
 Obesity Degree 122 % ( 90~110 )  
 Recommended calorie intake 1685 kcal

## Calorie Expenditure of Exercise

Golf	124	Gateball	134
Walking	141	Yoga	141
Badminton	159	Table Tennis	159
Tennis	212	Bicycling	212
Boxing	212	Basketball	212
Mountain Climbing	230	Jumping Rope	247
Aerobics	247	Jogging	247
Soccer	247	Swimming	247
Japanese Fencing	353	Racketball	353
Squash	353	Taekwondo	353

\* 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: 401.0 418.5 23.7 281.0 288.5  
 100 kHz: 361.3 379.9 20.1 249.7 257.7