



File No:

Date: 9/11/19

Date: / /

File Number: 1003339

Patient Name:

اسم المريض:

Date Of Birth (تاريخ الميلاد): 18/11/1988

Marital Status (الحالة الاجتماعية): Married

Nationality (الجنسية):

House:

Address (العنوان):

Phone No. (رقم الهاتف): 0545556623

E-MAIL:

How did you know about us:

| التاريخ الطبي Medical History | |
|---|--------------------|
| الحالة الطبية Medical Condition | Yes/No نعم / لا |
| Recent or current drugs/Medical Treatment هل تتعاطى أي أدوية أو تتلقى أي علاجات حديثة؟ | نعم |
| 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 مبيعات للدم؟ | لا |
| Anemia, Leukemia (سرطان الدم) انيميا (فقر الدم)، لوكيميا | نعم |
| 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 انت حامل؟ هل تتعاطين أي مانع للحمل؟ هل تعانين من مشاكل في الدورة الشهرية؟ | لا |
| Hepatitis, Jaundice, Other liver diseases التهاب الكبد الوبائي، الصفراء، 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؟ HIV, HSV...etc فيروس الإيدز، فيروس الحلا البسيط 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 إقرار طبي

- أوافق و أسمح للطبيب بعلاج حالتي المرضية التي تم شرحها لي من قبل الطبيب المختص و المعول.
- أتفهم أن بعض الإجراءات الطبية والتشخيصية الإضافية قد تكون ضرورية من أجل تزويدي بالعلاج الأمثل و الخدمة الأفضل.
- أتفهم أنه من الممكن أن يكتشف الطبيب خلال العلاج أموراً مختلفة عن ما أذكر 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 أي ضمانات أو تأمين لناتج 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 أدرك أن بعض الإجراءات التشخيصية و العلاجية و الجراحية قد تؤدي الي مضاعفات كالالتهاب أو التورم أو اليرقان 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 قدمته لي فتمشي للملف صحيحة و أتفهم ان أي معلومات تتفق بحالتي الصحية ستبقى سرية تماماً ولا يمكن الأطلاع عليها دون موافقتي
- أقر أن لدي المعلومات الكاملة لتقديم هذا الإقرار 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 للإسترداد

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

19/11/2019

التاريخ: / /

استمارة تقييم المريض Patient Assessment Form

| المؤشرات الحيوية Vital Signs | |
|------------------------------|--------------------------------|
| Weight (الوزن): 90 kg | Height (الطول): 170 cm |
| Pulse (النبض): ppm | Blood Pressure (الضغط الدم): / |
| | Blood Type (نمط الدم): |
| | Blood Sugar (السكر الدم): |

سبب زيارة المريض للعيادة Chief Complaint

weight loss

| | |
|--|-----------|
| التاريخ المرضي: Disease History | Iron Def |
| الحساسيات: Allergies | --- |
| الأدوية: Medications | Thyroxine |
| الحمل: Pregnancy | --- |
| عمليات سابقة ، الجراحات: Previous Surgeries, Hospitalization | --- |

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

General & Clinical Findings الملاحظات العامة و السريرية

الفحص Examination

BCA test-

الصور الشعاعية Radiography

التشخيص Diagnosis

File No:

Date: / /

Treatment Plan خطة العلاج









Doctor's Signature and Stamp

.....

PATIENT NAME:

Murayq.

FILE NO#:

| DATE | TREATMENT | PAYMENTS | BALANCE | SIGNATURE |
|---------|--------------------------------------|---|---|---|
| 14/1/20 | Enly med 1 session (abd) |  |  |  |
| 20/1/20 | Enly med Session (abd) |  |  |  |
| 7/3/20 | Enly med session (30 pass each side) |  |  |  |
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Dr. Wessam Maturan Al Tabbaa
 MOH License No. 123456789
 Specialist
 Obstetrics & Gynecology
 Orchid Medical Centre

REDAD DATA

cAEAlOEBA830DQxO-

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 | Thuraya, Younis, Jerges, Al Neemy | IDN: | 784198106065471 | Mother Name: | |
| Name (Ar) | ثريا يونس جرجيس النعمي | Card Number: | 091726978 | Mother Name (Ar): | |
| Title: | | Nationality: | IRQ | Family ID: | |
| Title (Ar): | | Nationality (Ar): | العراق | | |
| Issue Date: | 12/11/2018 | Sex: | F | Sponsor Type: | 03 |
| Expiry Date: | 03/09/2020 | Date of Birth: | 18/04/1981 | Sponsor Name: | محمد زهير توفيق الدباغ |
| Marital Status: | 02 | Husband IDN: | | Sponsor Number: | 0171761881 |
| Residency Type: | 03 | Residency Number: | 20120073061167 | Residency Expiry: | 03/09/2020 |
| ID Type: | IL | Occupation: | 10 | Occupation Field: | 00 |



Photo

Signature Image

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

11/19/2019

InBody

ID 191119-1 (18/04/81) Height 170cm Age 38 Gender Female Test Date Time 19.11.2019 11:45

Thiruvana Zana
InBody2701

400 proActive

Body Composition Analysis

| | | |
|----------------------------------|-----------------------------|----------------------|
| Total amount of water in my body | Total Body Water (L) | 39.7 (31.7 ~ 38.7) |
| What I need to build muscles | Protein (kg) | 10.7 (8.5 ~ 10.3) |
| What I need for strong bones | Mineral (kg) | 4.05 (2.92 ~ 3.58) |
| Where my excess energy is stored | Body Fat Mass (kg) | 32.5 (12.4 ~ 19.9) |
| Sum of the above | Weight (kg) | 87.0 (52.8 ~ 71.4) |

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 70.8 kg
Weight Control -16.2 kg
Fat Control -16.2 kg
Muscle Control 0.0 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over

PBF Normal Slightly Over Over

Waist-Hip Ratio

0.98 | 0.75 0.85

Visceral Fat Level

Level 15 | Low 10 High

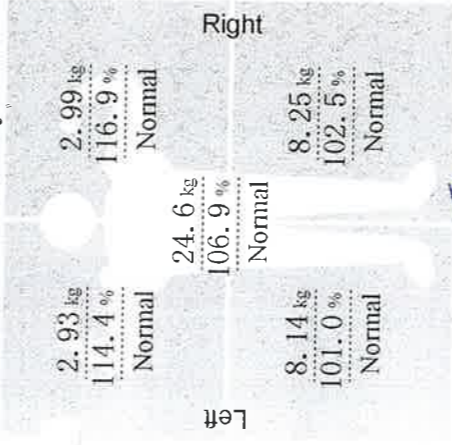
Research Parameters

Fat Free Mass 54.5 kg
Basal Metabolic Rate 1547 kcal (1672 ~ 1962)
Obesity Degree 140 % (90 ~ 110)
Recommended calorie intake 1886 kcal

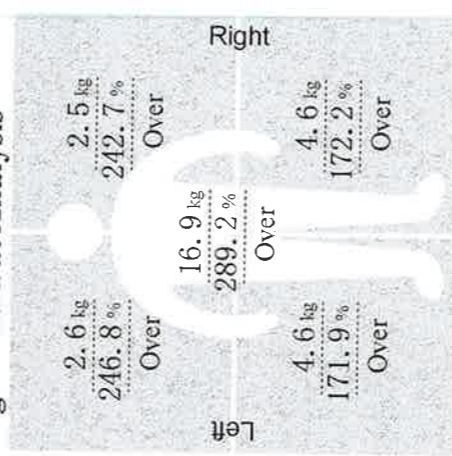
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

| | | | | | | | | | |
|---|----------------|--|--|--|--|--|--|--|--|
| Weight (kg) | 87.0 | | | | | | | | |
| SMM Skeletal Muscle Mass (kg) | 30.4 | | | | | | | | |
| PBF Percent Body Fat (%) | 37.3 | | | | | | | | |
| <input checked="" type="checkbox"/> Recent <input type="checkbox"/> Total | 19.11.19 11:45 | | | | | | | | |

Calorie Expenditure of Exercise

Golf 153 Gateball 165
Walking 174 Yoga 174
Badminton 197 Table Tennis 197
Tennis 261 Bicycling 261
Boxing 261 Basketball 261
Mountain Climbing 284 Jumping Rope 305
Aerobics 305 Jogging 305
Soccer 305 Swimming 305
Japanese Fencing 435 Racketball 435
Squash 435 Taekwondo 435

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

Impedance

RA LA TR RL LL
Z(Ω) 20 kHz| 360.9 370.6 21.5 275.0 283.5
100 kHz| 325.4 335.7 18.8 240.7 246.8

Thunaya Younis - Iron D. water treatment, * (F.g client Promising according to see the First week) - Thyroxin

DIETARY ASSESSMENT تقييم النظام الغذائي

| | |
|---|--|
| Food Intolerance (if any) | No. |
| Acidity / Heart Burn / Constipation | No. |
| No. of meals consumed / day | 3 meal + 3sand. |
| Veg / (Non Veg) / Ovo Veg | |
| Frequency of eating out / week | once a week |
| Diet Recall - Total Calories (Kcal) | 1300 kcal - 1600 |
| CHO (gm) | NETO |
| Protein (gm) | NP |
| Fat (gm) | TF |
| Lifestyle: Sedentary / Moderate / Heavy | |
| Diet Advised - Total calories (Kcal) | |
| CHO (gm) | 206 |
| Protein (gm) | 75g |
| Fat (gm) | 30g |
| Remarks | <p>water: 3000ml. (twice a day to three). Daily water</p> <p>coffee (3-4)</p> <p>(2005) like chocolate light Kitkat 2 Finger - Rare meat. after pregnancy Thyroxin Diff.</p> |
| Counsellor's Name | Bateer |
| Client's Signature | Bateer |
| Date | 26/10/19 |

3,2 kg

Iro

Tunaya Younis

87.4 kg

Period: 2w

BODY COMPOSITION ANALYSIS تحليل بنية الجسم

CM LOSS

MEASUREMENTS CHART القياسات

| | Date | | | | | | | CM LOSS | Date | | | | | | |
|---|-------|------|------|------|------|------|------|---|------|------|------|------|------|------|--|
| | Date | Date | Date | Date | Date | Date | Date | | Date | Date | Date | Date | Date | Date | |
| BMR (Kcal/day) (بني أم أو (بسعرة حرارية/يوم) | 1563 | | | | | | | Neck | | | | | | | |
| Fat % % الدهون | 36.3 | | | | | | | Chest 4" below arm pit | | | | | | | |
| Fat Wt (kg) (وزن الدهون (كجم) | 322 | | | | | | | Tummy Region of maximum girth while lying down | | | | | | | |
| Lean % (الوزن من غير الدهون (%) | 55.2 | | | | | | | Waist 1" above the iliac crest | | | | | | | |
| Lean Wt (kg) (الوزن من غير الدهون (كجم) | | | | | | | | Hip Most prominent widest part of hip | | | | | | | |
| Water (kg) (الماء (كجم) | 40.2 | | | | | | | Thighs 9" above the outermost edge of bent knee | | | | | | | |
| Water % % الماء | | | | | | | | Arms Midpt. between upper bony prominence at shoulder & elbow | | | | | | | |
| TGT Wt (kg) (الوزن المرغوب (كجم) | 75.80 | | | | | | | Total cm loss | | | | | | | |
| Target Fat % % الدهون المستهدفة | 36.8 | | | | | | | Average cm loss | | | | | | | |
| BMI بني أم أي | 30.2 | | | | | | | | | | | | | | |
| WHR دبابو أنتش أو | 0.99 | | | | | | | | | | | | | | |

F.S 72

InBody

Therapy zero
Diel

ID 191119-1 | Height 170cm | Age 38 | Gender Female | Test Date / Time 26.11.2019 11:17

Body Composition Analysis

| | | |
|----------------------------------|-----------------------------|----------------------|
| Total amount of water in my body | Total Body Water (L) | 40.2 (31.7 ~ 38.7) |
| What I need to build muscles | Protein (kg) | 10.9 (8.5 ~ 10.3) |
| What I need for strong bones | Mineral (kg) | 4.06 (2.92 ~ 3.58) |
| Where my excess energy is stored | Body Fat Mass (kg) | 32.2 (12.4 ~ 19.9) |
| Sum of the above | Weight (kg) | 87.4 (52.8 ~ 71.4) |

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 71.7 kg
Weight Control -15.7 kg
Fat Control -15.7 kg
Muscle Control 0.0 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over

PBF Normal Slightly Over Over

Waist-Hip Ratio

0.99 0.75 0.85

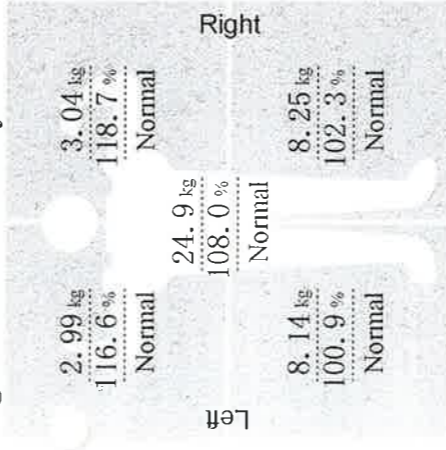
Visceral Fat Level

Level 15 Low 10 High

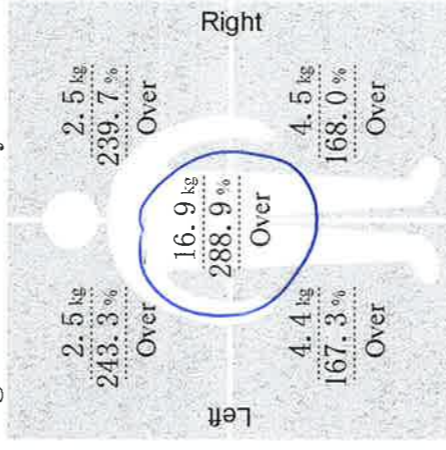
Research Parameters

Fat Free Mass 55.2 kg
Basal Metabolic Rate 1563 kcal (1678 ~ 1969)
Obesity Degree 141 % (90 ~ 110)
Recommended caloric intake 1890 kcal

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

| | | | | | |
|---|----------------|----------------|--|--|--|
| Weight (kg) | 87.4 | | | | |
| SMM Skeletal Muscle Mass (kg) | 30.4 | 30.9 | | | |
| PBF Percent Body Fat (%) | 37.3 | 36.8 | | | |
| <input checked="" type="checkbox"/> Recent <input type="checkbox"/> Total | 19.11.19 11:19 | 26.11.19 11:17 | | | |

InBody

Thuraya

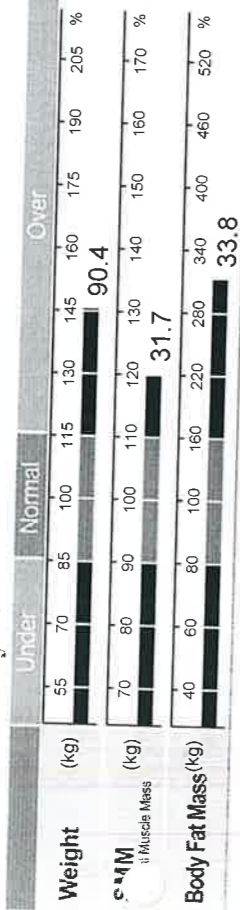
after Break
Not yet on diet
* 10 days only 18/2/20
Break after
Break again
over a Diet

ID 200114-1 | Height 170cm | Age 38 | Gender Female | Test Date / Time 14.01.2020, 11:35

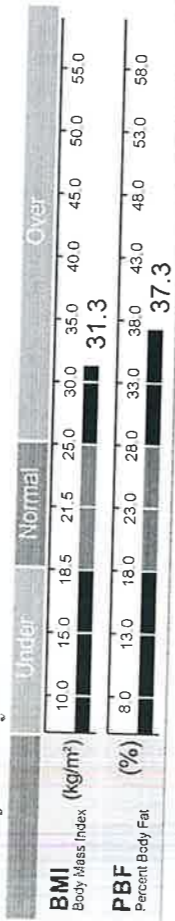
Body Composition Analysis

| | | |
|-------------------------------|----------------------|--------------------|
| Total amount of water in body | Total Body Water (L) | 41.3 (31.7~38.7) |
| For building muscles | Protein (kg) | 11.1 (8.5~10.3) |
| For strengthening bones | Minerals (kg) | 4.18 (2.92~3.58) |
| For storing excess energy | Body Fat Mass (kg) | 33.8 (12.4~19.9) |
| Sum of the above | Weight (kg) | 90.4 (52.8~71.4) |

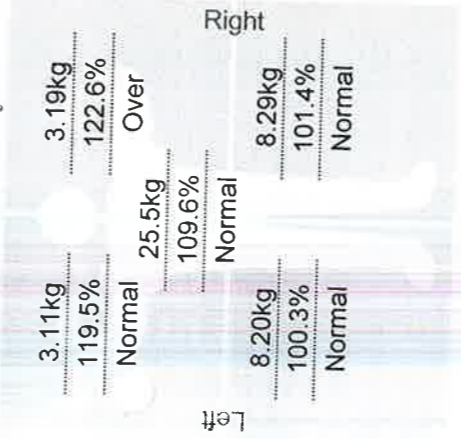
Muscle-Fat Analysis



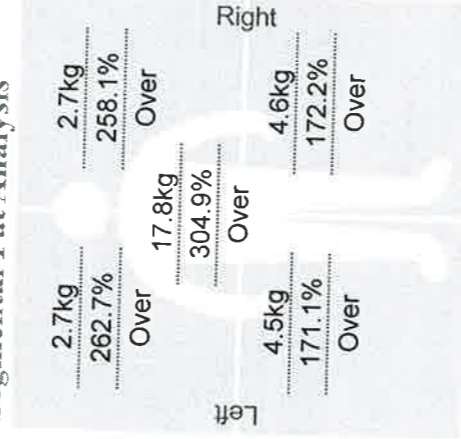
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History

| | |
|--------------------|------|
| Weight (kg) | 90.4 |
| SMM (kg) | 31.7 |
| PBF (%) | 37.3 |

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 73.6 kg
Weight Control -16.8 kg
Fat Control -16.8 kg
Muscle Control 0.0 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over
PBF Normal Slightly Over Over

Waist-Hip Ratio

1.01

Visceral Fat Level

Level 16

Research Parameters

Fat Free Mass 56.6 kg
Basal Metabolic Rate 1593 kcal
Obesity Degree 145 % (90~110)
Recommended calorie intake 1921 kcal

Calorie Expenditure of Exercise

| | | | |
|------------------|-----|--------------|-----|
| Golf | 159 | Gateball | 172 |
| Walking | 181 | Yoga | 181 |
| Badminton | 204 | Table Tennis | 204 |
| Tennis | 271 | Bicycling | 271 |
| Boxing | 271 | Basketball | 271 |
| Hiking | 295 | Jumping Rope | 316 |
| Aerobics | 316 | Jogging | 316 |
| Soccer | 316 | Swimming | 316 |
| Japanese Fencing | 452 | Racketball | 452 |
| Squash | 452 | Taekwondo | 452 |

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

Impedance

RA LA TR RL LL
Z(Ω) 20 kHz 340.8 351.8 20.4 270.7 275.9
100 kHz 308.0 319.4 17.4 236.9 241.7

InBody

Thurays

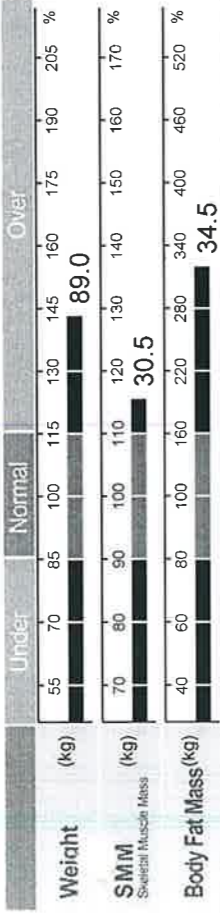
1.4 kg

ID 200114-1 | Height 170cm | Age 38 | Gender Female | Test Date / Time 18.02.2020. 12:11

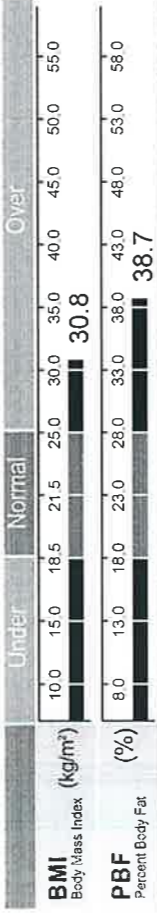
Body Composition Analysis

| | | |
|-------------------------------|----------------------|--------------------|
| Total amount of water in body | Total Body Water (L) | 39.7 (31.7~38.7) |
| For building muscles | Protein (kg) | 10.7 (8.5~10.3) |
| For strengthening bones | Minerals (kg) | 4.06 (2.92~3.58) |
| For storing excess energy | Body Fat Mass (kg) | 34.5 (12.4~19.9) |
| Sum of the above | Weight (kg) | 89.0 (52.8~71.4) |

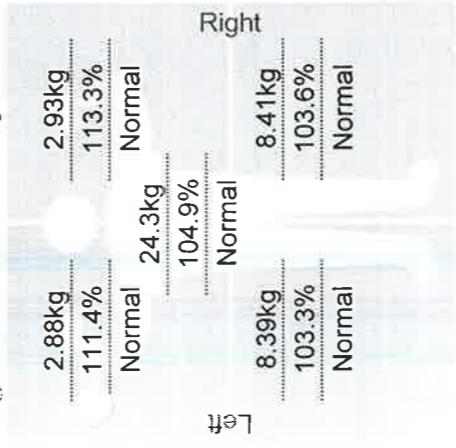
Muscle-Fat Analysis



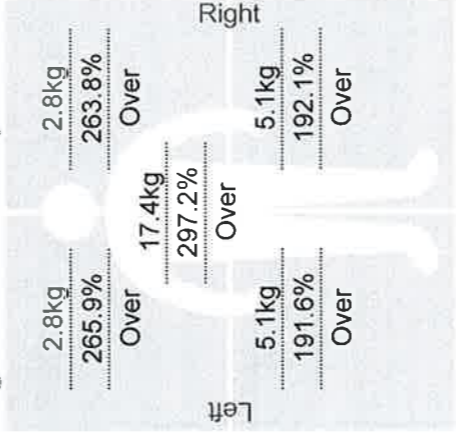
Obesity Analysis



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 70.8 kg
 Weight Control - 18.2 kg
 Fat Control - 18.2 kg
 Muscle Control 0.0 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over

PBF Normal Slightly Over Over

Waist-Hip Ratio

0.96

Visceral Fat Level

Level 16

Research Parameters

Fat Free Mass 54.5 kg
 Basal Metabolic Rate 1548 kcal
 Obesity Degree 143 % (90~110)
 Recommended calorie intake 1907 kcal

Calorie Expenditure of Exercise

| | | | |
|------------------|-----|--------------|-----|
| Golf | 157 | Gateball | 169 |
| Walking | 178 | Yoga | 178 |
| Badminton | 201 | Table Tennis | 201 |
| Tennis | 267 | Bicycling | 267 |
| Boxing | 267 | Basketball | 267 |
| Hiking | 290 | Jumping Rope | 312 |
| Aerobics | 312 | Jogging | 312 |
| Soccer | 312 | Swimming | 312 |
| Japanese Fencing | 445 | Racketball | 445 |
| Squash | 445 | Taekwondo | 445 |

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

Impedance

RA LA TR RL LL
 Z(α) 20 kHz | 374.6 382.9 21.8 268.7 269.0
 100 kHz | 336.8 344.6 18.6 235.3 235.1

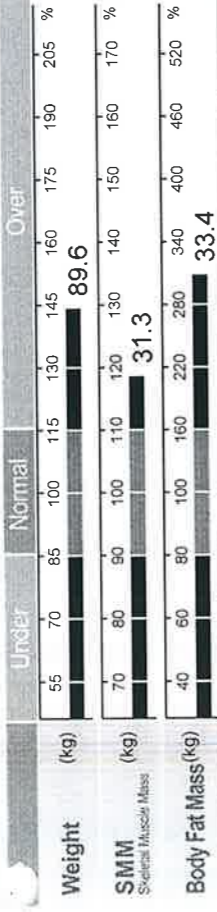
InBody

ID 200114-1 | Height 170cm | Age 38 | Gender Female | Test Date / Time 25.02.2020. 12:55

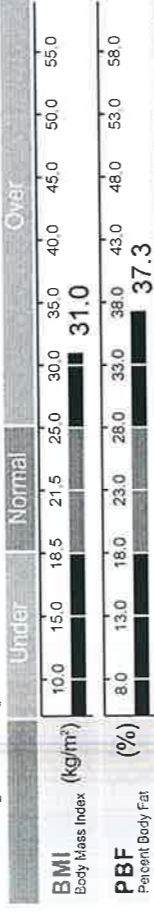
Body Composition Analysis

| | | |
|-------------------------------|----------------------|--------------------|
| Total amount of water in body | Total Body Water (L) | 41.0 (31.7~38.7) |
| For building muscles | Protein (kg) | 11.0 (8.5~10.3) |
| For strengthening bones | Minerals (kg) | 4.18 (2.92~3.58) |
| For storing excess energy | Body Fat Mass (kg) | 33.4 (12.4~19.9) |
| Sum of the above | Weight (kg) | 89.6 (52.8~71.4) |

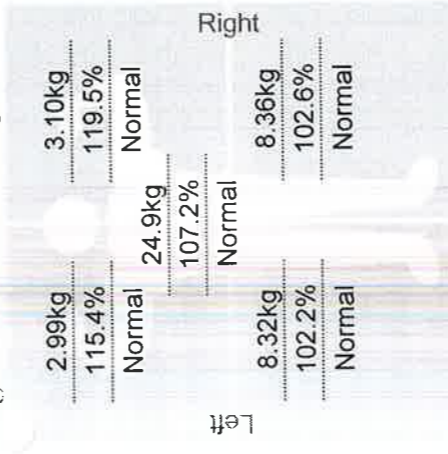
Muscle-Fat Analysis



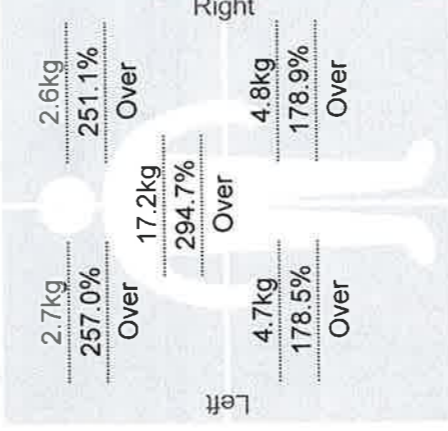
Obesity Analysis



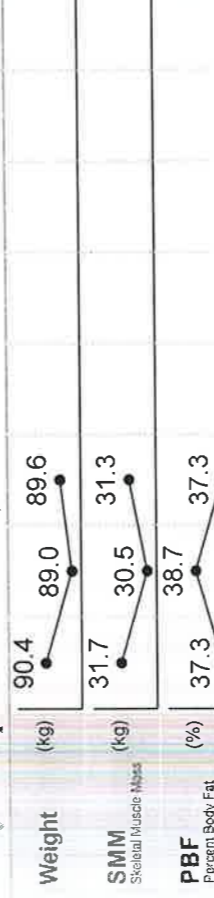
Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History



Theresa

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 73.0 kg
 Weight Control - 16.6 kg
 Fat Control - 16.6 kg
 Muscle Control 0.0 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over
 PBF Normal Slightly Over Over

Waist-Hip Ratio

0.97

Visceral Fat Level

Level 15

Research Parameters

Fat Free Mass 56.2 kg
 Basal Metabolic Rate 1584 kcal
 Obesity Degree 144 % (90~110)
 Recommended calorie intake 1913 kcal

Calorie Expenditure of Exercise

| | | | |
|------------------|-----|--------------|-----|
| Golf | 158 | Gateball | 170 |
| Walking | 179 | Yoga | 179 |
| Badminton | 203 | Table Tennis | 203 |
| Tennis | 269 | Bicycling | 269 |
| Boxing | 269 | Basketball | 269 |
| Hiking | 292 | Jumping Rope | 314 |
| Aerobics | 314 | Jogging | 314 |
| Soccer | 314 | Swimming | 314 |
| Japanese Fencing | 448 | Racketball | 448 |
| Squash | 448 | Taekwondo | 448 |

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

Impedance

RA LA TR RL LL
 Z(Ω) 20 kHz | 348.4 363.9 20.0 260.9 262.2
 100 kHz | 314.1 329.8 17.0 230.6 230.9