

Patient Record Laser Form

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
			Date	:	2024-01-19

Patient Name :Alston Rebello

Date :2024-01-19

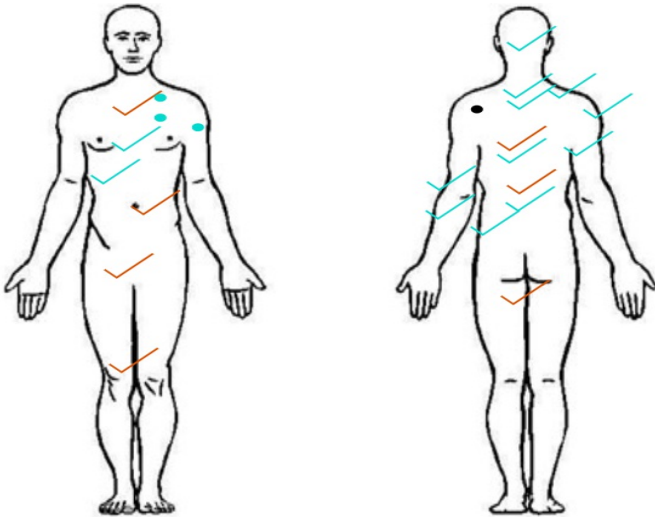
FILE:17

Chief Complaint :NA

Number of Treatment Sessions :d

Skin Type :d

Area(s) For Treatment : d



PARAMETERS

Spot Size :d

Wavelength :d

Fluence :d



Pulse :d

HTZ :d

RCS :d

Nurses Notes :d

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT	DOCTOR
	
<div>Patient Name Alston Rebello</div> <div>Date 2024-01-19</div>	<div>Doctor Name Ahmad Irfan - Hijama (GD007)</div> <div>Date 2024-01-19</div>

