
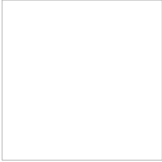


Laser Hair Removal Form

Patient Name	:	sai krishna		Emirates ID	:	784-8666-6666666-7		
File No	:	8	DOB	:	1996-09-25	Nationality	:	Other
Gender	:	Male	Doctor's Name	:	Doctor Vision	Date	:	2023-11-29
PATIENT				DOCTOR				
 <p>Patient's signature.</p>				 <p>Doctor's Signature & Stamp</p>				
<p>Patient Name sai krishna</p>				<p>Doctor's Name Doctor Vision</p>				