

## 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	:	2024-02-15

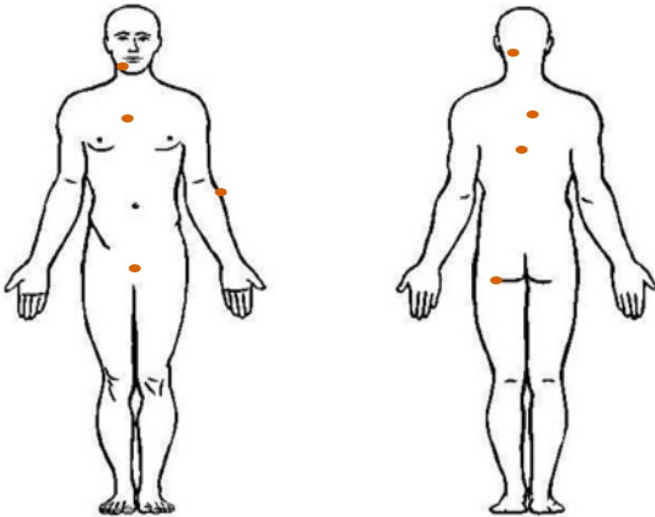
Patient Name :Alston Rebello      Date :2024-02-15      FILE:17

Chief Complaint :NA

Number of Treatment Sessions :ypp

Skin Type :y

Area(s) For Treatment : y



### PARAMETERS

Spot Size :y

Wavelength :y

Fluence :y



Pulse :y

HTZ :y

RCS :y

Nurses Notes :y

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

PATIENT	DOCTOR
	
<div>Patient Name Alston Rebello</div> <div>Date 2024-02-15</div>	<div>Doctor Name Ahmad Irfan - Hijama (GD007)</div> <div>Date 2024-02-15</div>

