

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	:	2023-12-19

Patient Name :Alston Rebello

Date :2023-12-19

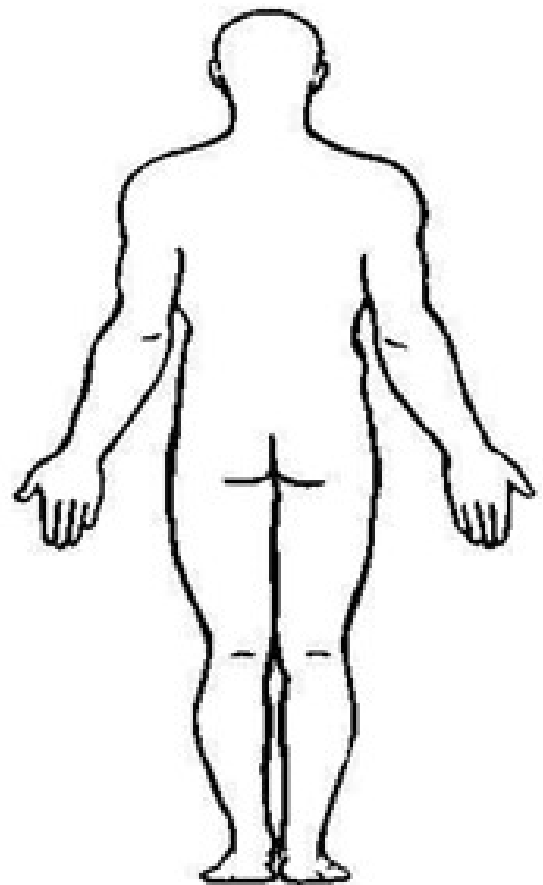
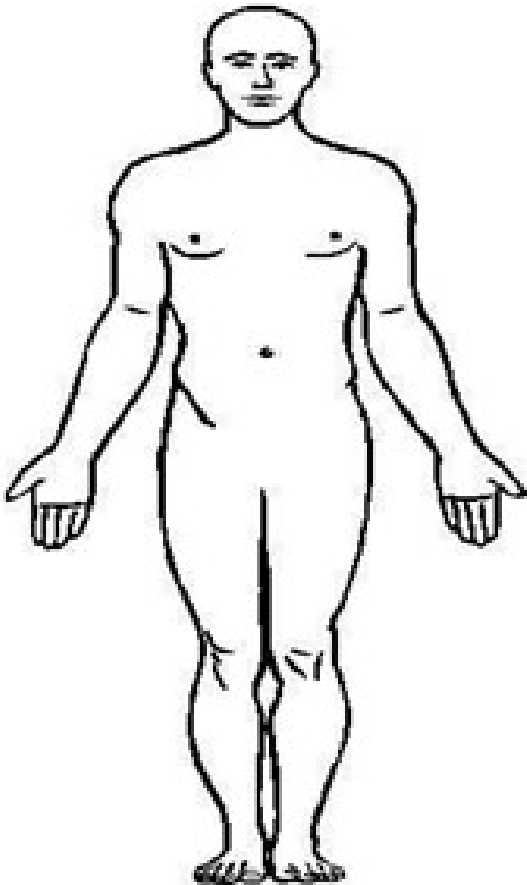
FILE:17

Chief Complaint :NA

Number of Treatment Sessions :dd

Skin Type :dd

Area(s) For Treatment : dd



PARAMETERS

Spot Size :dd

Wavelength :dd



Fluence :dd

Pulse :dd

HTZ :dd

RCS :dd

Nurses Notes :dd

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Alston Rebello Date 2023-12-19	Doctor Name Ahmad Irfan - Hijama (GD007) Date 2023-12-19

