

## Patient Record Laser Form

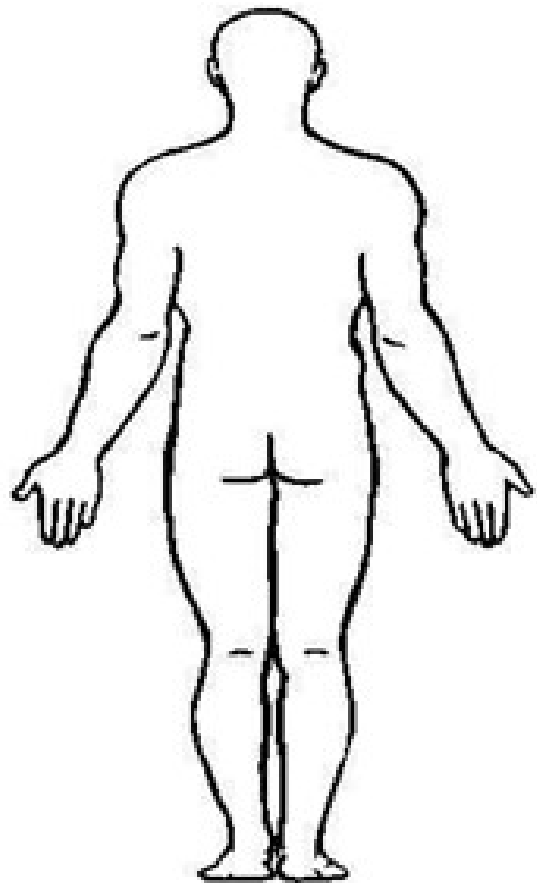
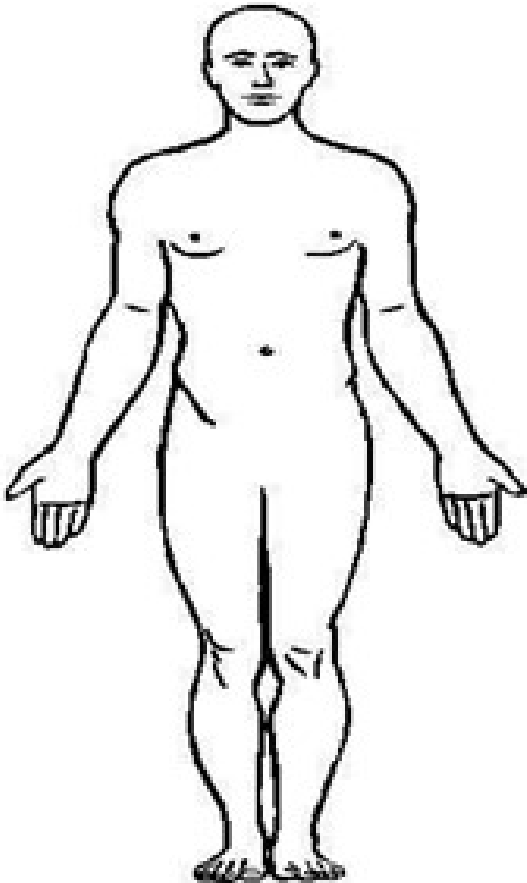
Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
Date	:	2023-12-12			

Chief Complaint :s

Number of Treatment Sessions :s

Skin Type :s

Area(s) For Treatment : s



### PARAMETERS

Spot Size : ss

Wavelength : s


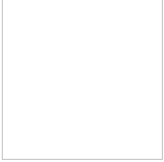
Fluence : s

Pulse : s

HTZ : s

RCS : s

Nurses Notes :s

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