

Patient Record Laser Form

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	Ahmad Irfan
			Date	:	2023-12-09

Patient Name :Reshma Siya

Date :2023-12-09

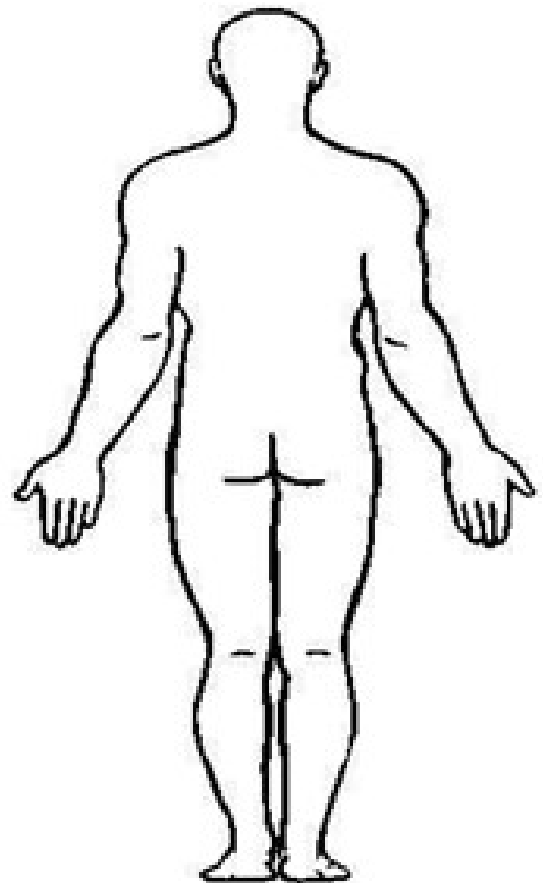
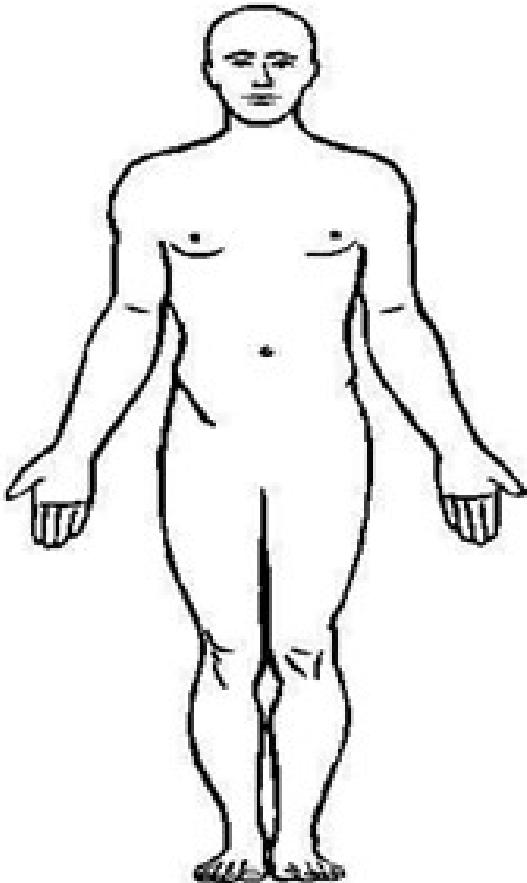
FILE:4

Chief Complaint :NA

Number of Treatment Sessions :ss

Skin Type :ss

Area(s) For Treatment : ss



PARAMETERS

Spot Size : ss

Wavelength : ss



Fluence : ss

Pulse : ss

HTZ : ss

RCS : ss

Nurses Notes :ss

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Reshma Siya Date 2023-12-09	Doctor Name Ahmad Irfan - Hijama (GD007) Date 2023-12-09

