

Laser Therapy Form								
Patient Name	:	Aswathi Vipin		Emirates ID	:	784-2543-5254612-1		
File No	:	1	DOB	:	1991-11-21	Nationality	:	Indian
Gender	:	Female	Doctor's Name	:	Doctor Vision	Date	:	2023-12-18

Date.
:
12/18/2023 12:00:00 AM
SESSION
:
1
BODY PART(S)
:
2
SKIN TYPE
:
3
FLUENCE Alex
:
4
FLUENCE ND:Yag
:
5
REMARKS
:
6
OFFERS(Promo/Package)
:
7

Doctor Name	Licence	Signature/Stamp
<div></div>	<div></div>	<div></div>