



Laser Hair Removal Form

Patient Name	:	Alan Alfred				Emirates ID	:	784-1991-1511454-5	
File No	:	3000002	DOB	:	2002-01-01	Nationality	:	Indian	
Gender	:	Male	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-24	
PATIENT					DOCTOR				
 Patient's signature.					 Doctor's Signature & Stamp				
Patient Name Alan Alfred					Doctor's Name Doctor-9 test				