

## 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	:	2024-03-09

Patient Name :Alston Rebello

Date :2024-03-09

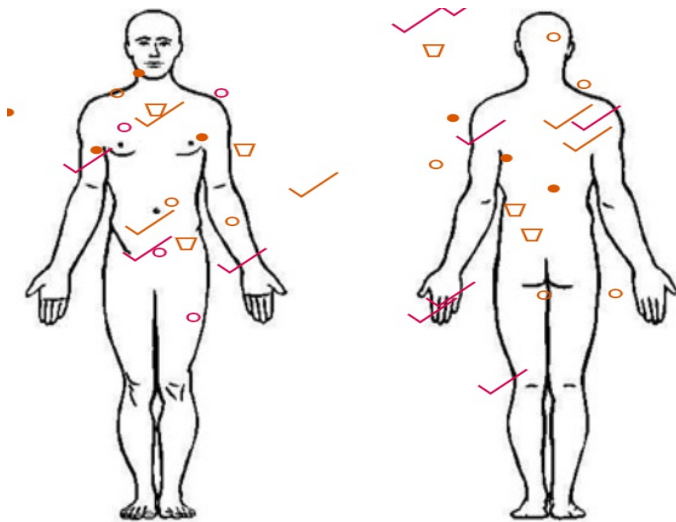
FILE:17

Chief Complaint :NA

Number of Treatment Sessions :

Skin Type :

Area(s) For Treatment :



### PARAMETERS

Spot Size :

Wavelength :

Fluence :



Pulse :

HTZ :

RCS :

Nurses Notes :dffffff

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT	DOCTOR
	
<div>Patient Name Alston Rebello</div> <div>Date 2024-03-09</div>	<div>Doctor Name Ahmad Irfan - Hijama (GD007)</div> <div>Date 2024-03-09</div>



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