

## Patient Record Laser Form

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Nationality	:	Other			
Gender	:	Female	Doctor's Name	:	Ahmad Irfan
Date	:	2024-03-04			

Patient Name :Reshma Siya

Date :2024-03-04

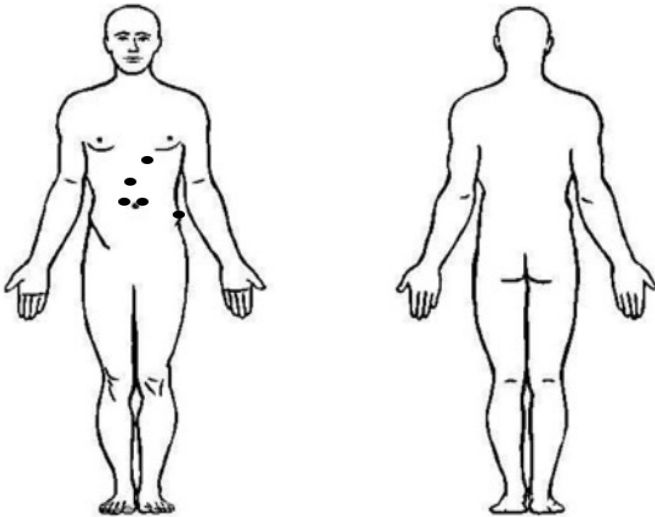
FILE:4

Chief Complaint :NA

Number of Treatment Sessions :

Skin Type :

Area(s) For Treatment :



### PARAMETERS

Spot Size :

Wavelength :

Fluence :



Pulse :

HTZ :

RCS :

Nurses Notes :rtret

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

PATIENT	DOCTOR
	
<div>Patient Name Reshma Siya</div> <div>Date 2024-03-04</div>	<div>Doctor Name Ahmad Irfan - Hijama (GD007)</div> <div>Date 2024-03-04</div>

