



Laser Hair Removal Form

Patient Name	:	aamie may			Emirates ID	:	784-1991-1236544-5		
File No	:	7000282	DOB	:	2023-05-30	Nationality	:	Singapore	
Gender	:	Female	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-21	
PATIENT					DOCTOR				
 Patient's signature.					 Doctor's Signature & Stamp				
Patient Name aamie may					Doctor's Name Doctor-9 test				