				MEDICAL FAC					Γ	MEDICAL FACILITY STAFF AND CONSULTATION ROOMS DETAILS					
				MEDICALIAC							CLINIC NB	DOCTOR NAME	DOCTOR SPECIALTY	DOCTOR SHIFT TIMING	DOCTOR STATUS
										ŀ					
										l l					
										ŀ					
										ŀ					
										ŀ					
										┠					
										-					
										ŀ					
										ŀ					
											E	NGINE	ERS CO	MMENT	5
										l					
	TYPE OF FACILITY	EMIRATE	AREA/PLOT NO.	BUILDING NAM	IE FLOOR NO.	OWNER'S NAME	E	-MAIL ID	CONTACT NUMBER	LICENSE nb.					
		DOCTOR NAME:	H.	DOCTOR NAME:	Щ	DOCTOR NAME:	DOCTOR NAME:		DOCTOR NAME:						
	OCTOR ADDTION	DOCTOR SPECIALT DR. LICENSE Nb:	Y:	DOCTOR SPECIAL DR. LICENSE Nb:		DOCTOR SPECIALTY: DR. LICENSE Nb:	DOCTOR SPECIAL DR. LICENSE Nb:		DOCTOR SPECIALTY: DR. LICENSE Nb:						
	STATUS														
official use only	JIAIUJ														
ns.															
cial															
offi	HANI ATASSI	SIGNATURE		SIGNATURE		SIGNATURE SIGNATURE	SIGNATURE		SIGNATURE						
-	DALAL MIRZA REEM OBAID	SIGNATURE		SIGNATURE		SIGNATURE	SIGNATURE		SIGNATURE						
-		DATE		DATE		DATE	DATE		DATE						
		+ I		- I			· · · ·		1 1] []					