



ID:00214

Al-Kindi Hospital  
Amman - Jordan



مستشفى الكندي  
عمان - الأردن

Privilege's For Doctors

20/06/2022

<b>Name</b>	<b>Date of Birth</b>	<b>Phone</b>
Moayad Alahmed	19/10/1971	0797501006
<b>Clinic Phone</b>	<b>Email</b>	<b>Address</b>
0795202295	dr_moayyad@hotmail.com	Marj alhamam, Amman

**Document**

<b>Personal photo</b>	<b>Covid Vaccine Certificate</b>	<b>National Identity</b>
<ul style="list-style-type: none"> <li>image6.jpg</li> </ul>	<ul style="list-style-type: none"> <li>image7.jpg</li> </ul>	

<b>Bachelor's Certificate</b>	<b>M.O.H License for Specialty</b>
<ul style="list-style-type: none"> <li>image9.jpg</li> </ul>	<ul style="list-style-type: none"> <li>62A33C36-94E4-4DFD-9F17-CFB4A7698F4F.jpeg</li> </ul>

<b>Jordan Medical Association Registration</b>	<b>Board Certification Jordan-Arab</b>
<ul style="list-style-type: none"> <li>image10.jpg</li> </ul>	<ul style="list-style-type: none"> <li>8BD91EDD-517B-4D29-AB4E-0897579557CA.jpeg</li> </ul>

<b>Privilege's</b>	Privileges in Dentistry Service
Dentistry	<b>PDF VIEW</b>
	Open a PDF file <a href="#">Privileges in Dentistry Service</a> .
	for any additional privileges insert it at next field

<b>Consent</b>
<input checked="" type="checkbox"/> I agree to I confirm that the all files and information attached above are complete and correct. I authorize the hospital to verify them according to the instructions and regulations in the hospital, and I sign on all the above.

<b>Signature</b>
