



ID:00275

Privilege's For Doctors

20/09/2022

Name	Date of Birth	Specialty	
Ayman Al khairy	24/03/1956	Obstetrics & Gynecology	
Phone	Clinic Phone	Email	Address
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Document

<b>Personal photo</b> <ul style="list-style-type: none"><li><a href="#">B2DF10BD-E27C-4A4D-A254-B5ABDC8E339F.jpeg</a></li></ul>	<b>National Identity</b> <ul style="list-style-type: none"><li><a href="#">3EA8C5D5-761D-4F40-9435-7193A77A2E95</a></li></ul>	<b>Bachelor's Certificate</b> <ul style="list-style-type: none"><li><a href="#">CF821831-9F73-4043-9C38-3DC29CD19E28.jpeg</a></li></ul>
<b>M.O.H License for Specialty</b> <ul style="list-style-type: none"><li><a href="#">B2433B19-39AF-458D-B23E-1A987B993890.jpeg</a></li></ul>	<b>Jordan Medical Association Registration</b> <ul style="list-style-type: none"><li><a href="#">432D610D-96DE-4D27-8773-CCFE6BC414B2.jpeg</a></li></ul>	
<b>Board Certification Jordan-Arab</b> <ul style="list-style-type: none"><li><a href="#">39A82AC3-B676-4537-B0E8-F229A8FAD81F.jpeg</a></li></ul>	<b>Privilege's</b> <p>Obstetrics &amp; Gynecology</p>	

Privileges in Obstetrics & Gynecology Service

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for any additional privileges insert it at next field

### Consent

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.

### Signature