



ID:00362

Al-Kindi Hospital  
Amman - Jordan



مستشفى الكندي  
عمان - الأردن

### Privilege's For Doctors

16/10/2022

| Name                            | Date of Birth | Specialty |
|---------------------------------|---------------|-----------|
| Abdulla hassan abdulla al jadid | 13/01/1987    | Urology   |
| Phone                           | Address       |           |
| 0799918432                      | AMMAN, amman  |           |

### Document

| Personal photo                                             | National Identity                                               | M.O.H License for Specialty                                          |
|------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>39صورة.jpg</li></ul> | <ul style="list-style-type: none"><li>هوية-الاحوال 39</li></ul> | <ul style="list-style-type: none"><li>مزاولة-المهنة 39.pdf</li></ul> |

| Jordan Medical Association Registration                            | Board Certification Jordan-Arab                                     |
|--------------------------------------------------------------------|---------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>41نفاة-الاطباء.pdf</li></ul> | <ul style="list-style-type: none"><li>البورد-العربي 7.pdf</li></ul> |

| Privilege's |  |
|-------------|--|
| Urology     |  |

Privileges in Urology Service

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for any additional privileges insert it at next field

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

| Signature |
|-----------|
|           |