

ID:00400


Al-Kindi Hospital  
Amman - Jordanمستشفى الكندي  
عمان - الأردن

## Privilege's For Doctors

22/10/2022

Name	Date of Birth	Specialty	
Bader Naser Alhindi	11/08/1995	Dentistry	
Phone	Clinic Phone	Email	Address
0796105350	0796105350	<a href="mailto:Alhindi1181995@gmail.com">Alhindi1181995@gmail.com</a>	Amman, Amman/queen rania st

## Document

Personal photo	Covid Vaccine Certificate	National Identity
<ul style="list-style-type: none"> <li><a href="#">CDC6D28E-3407-413F-A373-2B2D89C3FFE1.jpeg</a></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">document.pdf</a></li> </ul>	
Bachelor's Certificate	M.O.H License for Specialty	
<ul style="list-style-type: none"> <li><a href="#">IMG_5083.HEIC</a></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">0b4e0b10-6113-4898-8895-60a107e7c1ec.JPG</a></li> </ul>	

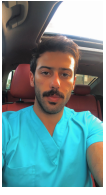
Jordan Medical Association Registration	Board Certification Jordan-Arab
<ul style="list-style-type: none"> <li><a href="#">IMG_5089.HEIC</a></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">0b4e0b10-6113-4898-8895-60a107e7c1ec1.JPG</a></li> </ul>

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

Additional Privileges
<input type="text" value="Endodontic"/>

Consent
<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.

Signature



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