



ID:00641

Al-Kindi Hospital  
Amman - Jordan



مستشفى الكندي  
عمان - الأردن

### Privilege's For Doctors

23/09/2024

| Name                          | Date of Birth | Specialty  |
|-------------------------------|---------------|------------|
| Modar marei abdelfatah samara | 29/07/1971    | Orthopedic |
| Phone                         | Address       |            |
| 0775088294                    | Amman, Amman  |            |

### Document

| Personal photo                                                                                            | National Identity                                                                                                 | M.O.H License for Specialty                                                   |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li><a href="#">01609cb4-5cd6-4b8c-b393-f2b0d4c258c9.jpeg</a></li></ul> | <ul style="list-style-type: none"><li><a href="#">01609cb4-5cd6-4b8c-b393-f2b0d4c258c91</a></li></ul>             | <ul style="list-style-type: none"><li><a href="#">IMG_2801.jpeg</a></li></ul> |
| Jordan Medical Association Registration                                                                   | Board Certification Jordan-Arab                                                                                   |                                                                               |
| <ul style="list-style-type: none"><li><a href="#">18871b51-1e5a-40dd-b8ff-d2054a98a3fa.jpeg</a></li></ul> | <ul style="list-style-type: none"><li><a href="#">IMG_2798.png</a></li><li><a href="#">IMG_2799.png</a></li></ul> |                                                                               |

| Privilege's |                                                                                                                                                 |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Orthopedic  | Privileges in Orthopedic                                                                                                                        |
|             | <h2>PDF VIEW</h2> <p>Open a PDF file <a href="#">Privileges in Orthopedic</a>.</p> <p>for any additional privileges insert it at next field</p> |

| 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 |
|-----------|
|           |