


| Photo Consent |   |          |               |   |               |             |                    |            |
|---------------|---|----------|---------------|---|---------------|-------------|--------------------|------------|
| Patient Name  | : | AYAZ ALI |               |   | Emirates ID   | :           | 784-1999-7855454-5 |            |
| File No       | : | 7000341  | DOB           | : | 1999-07-29    | Nationality | :                  | Indian     |
| Gender        | : | Male     | Doctor's Name | : | Doctor-9 test | Date        | :                  | 2023-11-07 |

I AYAZ ALI hereby acknowledge that I have been advised that photographs will be taken before and after the procedure. The photographs will be taken by one of the members of the VISION MEDICAL & DENTAL CENTER (Abu Dhabi) medical staff. Any photographs taken will become part of my medical records and any necessary medical treatment.

|   |   |
|---|---|
| <br>I give my consent to take photo. | <br>I do not give my consent to take photo |
| Patient Name<br>AYAZ ALI<br><br>Date<br>2023-11-07  | <br><br><br>Date<br>2023-11-07  |