



Photo Consent

Patient Name	:	Alan Alfred			Emirates ID	:	784-1991-1511454-5		
File No	:	3000002	DOB	:	2002-01-01	Nationality	:	Indian	
Gender	:	Male	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-25	

I Alan Alfred 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.

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT	DOCTOR
<div> Patient Signature</div>	<div> Doctor's Signature</div>
<div>Patient Name Alan Alfred Date 2023-11-25</div>	<div>Date 2023-11-25</div>