



Social Media Photo Consent

Patient Name	:	Aswathi Vipin			Emirates ID	:	784-2543-5254612-1		
File No	:	1	DOB	:	1991-11-21	Nationality	:	Indian	
Gender	:	Female	Doctor's Name	:	Doctor Vision	Date	:	2023-11-27	

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to VISION MEDICAL & DENTAL CENTER (Abu Dhabi), its affiliates and agents to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the internet). This consent includes, but is not limited to:

- (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/ or record my voice;
- (b) Permission to use my name; and
- (c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the internet), in theatrical media and/or in mailings for educational and awareness.

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	
Patient Name Aswathi Vipin Date 2023-11-27	Doctor Name Doctor - Laser (DHA101) Date 2023-11-27