



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	:	2023-11-24

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.

PATIENT	DOCTOR
<div> Patient Signature</div>	<div> Doctor's Signature</div>
<div>Patient Name Alan Alfred  Date 2023-11-24</div>	