



Photo Consent								
Patient Name	:	TAUSIF ABUKHALIL SHAIKH		Emirates ID	:	784-1988-1603181-3		
File No	:	7137	DOB	:	1988-02-09	Nationality	:	I-Kiribati
Gender	:	Male	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-15

I TAUSIF ABUKHALIL SHAIKH 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.

<div></div> <div>I give my consent to take photo.</div>	<div></div> <div>I do not give my consent to take photo</div>
<div>Patient Name TAUSIF ABUKHALIL SHAIKH</div> <div>Date 2023-11-15</div>	<div>Date 2023-11-15</div>