
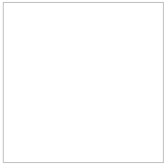


Photo Consent

Patient Name	:	Aswathi Vipin			Emirates ID	:	784-2543-5254612-1		
File No	:	1	DOB	:	1991-11-21	Nationality	:	Indian	
Gender	:	Female	Doctor's Name	:	test test	Date	:	2024-02-23	

I Aswathi Vipin 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
	
Patient Name Aswathi Vipin Date 2024-02-23	test test - Laser (1) 2024-02-23