

Informed Consent For Surgical Act								
Patient Name	:	Alston Rebello			Emirates ID	:	784-1991-2906159-3	
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Alan Alfred	Date	:	2025-02-21

I, the undersignee Alston Rebello with file number 17, agree that the eye surgeon, Alan Alfred perform surgery on my eye (s) or any additional act necessary for my condition under anesthesia or any other type of anesthesia necessary for my safety after consulting the anesthesiologist.

I admit that the doctor has explained to me the nature of the procedure and its possible complications in the near or far future, that he has explained to me the consequences of not undergoing the procedure, and that he discussed with me the possible alternative procedures.

I also admit that he gave me the chance to ask questions and he answered me to the best of his knowledge and expertise within his specialty.

I am fully aware that any medical procedure has its own complications and side effects that may happen during or after the said procedure and that no medical intervention is guaranteed 100%.

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	Witness	Doctor
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Patient Name Alston Rebello  Date 2025-02-21	Witness Name yuiy  Date 2025-02-21	Doctor Name Alan Alfred - Dental (15245565544445)  Date 2025-02-21