

Photograph/Media Consent And Release

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	dermatology derma
			Date	:	2024-02-14



I hereby consent and authorize **AUSTRALIA MEDICAL CENTRE** to take photographs or motion pictures of me; or to produce videotapes, audiotapes, closed circuit television programs, web casts, or other types of media productions that capture my name, voice, and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

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Sign here, only if all of your questions have been answered to your satisfaction		
Patient	witness	Doctor
		<div style="border: 1px solid black; width: 100px; height: 70px; margin: 0 auto;"></div>
Patient Name Reshma Siya Date 2024-02-14	Witness Name gfhgfh Date 2024-02-14	Doctor's Name dermatology derma Date 2024-02-14