
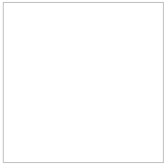


## Photo Consent

|              |   |                |               |   |                    |
|--------------|---|----------------|---------------|---|--------------------|
| Patient Name | : | tousif toplife | Emirates ID   | : | 111-1111-1111111-1 |
| File No      | : | 5              | DOB           | : | 2021-06-16         |
| Gender       | : | Male           | Doctor's Name | : | Doctor Vision      |
|              |   |                | Date          | : | 2023-11-29         |

I tousif toplife 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                        |   |
| <b>PATIENT</b><br><br> | <b>DOCTOR</b><br><br> |
| Patient Name<br>tousif toplife<br><br>Date<br>2023-11-29  | Doctor - Laser (DHA101)<br>2023-11-29   |