


<p align="center">Informed Consent For Lasik/Lasek (Monovision with Residual) Procedure</p>
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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, acknowledge that I have been informed with the following:

- I may not get a full correction from my procedure and this may require further retreatment procedures.
- I might develop glare, a star bursting or halo effect, especially while driving at night.
- Keratoconus (Post Lasik Ectasia) is a possible complication which might necessitate Corneal Collagen Cross Linking in the future
- I may need glasses to refine my vision for some purposes including driving at night and other tasks that require fine detailed vision.
- I received monovision contact lens trial prior to the procedure.

Hereby, I authorize my Doctor to administer Intravitreal Eylea Injection in my eye/s under local anesthesia at regular intervals as needed:

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