

Photo Consent

Patient Name	:	Tausif Last Name			Emirates ID	:	784-1990-7076280-4		
File No	:	1000001	DOB	:	1990-12-25	Nationality	:	I-Kiribati	
Gender	:	Male	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-17	

I Tausif Last Name 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
<div><div></div><div>Patient Signature</div></div>	<div><div></div><div>Doctor's Signature</div></div>
<div><div>Patient Name Tausif Last Name</div><div>Date 2023-11-17</div></div>	<div><div>Date 2023-11-17</div></div>