



Consent form for Tattoo Removal NDYAG laser Therapy

Patient Name	:	aamie may			Emirates ID	:	784-1991-1236544-5	
File No	:	7000282	DOB	:	2023-05-30	Nationality	:	Singapore
Gender	:	Female	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-25
PATIENT					DOCTOR			
 Patient's signature.					 Doctor's Signature & Stamp			
Patient Name aamie may					Doctor's Name Doctor-9 test			