



Photo Consent								
Patient Name	:	AYAZ ALI			Emirates ID	:	784-1999-7855454-5	
File No	:	7000341	DOB	:	1999-07-29	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-16

I AYAZ ALI 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.

PATIENT	DOCTOR
<div><p>I give my consent to take photo.</p></div>	<div><p>I do not give my consent to take photo</p></div>
<div><p>Patient Name AYAZ ALI</p><p>Date 2023-11-16</p></div>	