
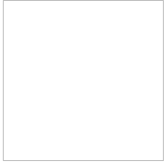


Photo Consent

Patient Name	:	Reshma S Fathima	Emirates ID	:	111-1111-1111111-1
File No	:	16	DOB	:	1999-03-17
Nationality	:	Panamanian	Date	:	2023-12-20
Gender	:	Female	Doctor's Name	:	Doctor Vision

I Reshma S Fathima 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
	
Patient Name Reshma S Fathima Date 2023-12-20	Doctor - Laser (DHA101) 2023-12-20