



Photo Consent									
Patient Name	:	GURJANT SINGH				Emirates ID	:	784-1991-1515751-5	
File No	:	7000328	DOB	:	1991-09-16	Nationality	:	Indian	
Gender	:	Male	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-24	

I GURJANT SINGH 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> Patient Signature</div>	<div> Doctor's Signature</div>
<div>Patient Name GURJANT SINGH  Date 2023-11-24</div>	<div>Date 2023-11-24</div>