

Photo Consent								
Patient Name	:	Reshma Insurance Daman			Emirates ID	:	784-1996-2578988-8	
File No	:	7000360	DOB	:	1996-04-06	Nationality	:	Other
Gender	:	Female	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-10

I Reshma Insurance Daman 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.

 I give my consent to take photo.	 I do not give my consent to take photo
Patient Name Reshma Insurance Daman	Date 2023-11-10