

## Photograph/Media Consent And Release

Patient Name	:	adnic adnic	Emirates ID	:	784-7766-4326987-6
File No	:	12	DOB	:	2000-07-04
Gender	:	Male	Doctor's Name	:	dermatology derma
			Date	:	2024-02-23



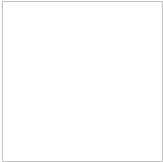
I hereby consent and authorize **AUSTRALIA MEDICAL CENTRE** to take photographs or motion pictures of me; or to produce videotapes, audiotapes, closed circuit television programs, web casts, or other types of media productions that capture my name, voice, and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

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I agree that I am participating on a voluntary basis and I will not receive any payment from **AUSTRALIA MEDICAL CENTRE** for signing this release or as a result of any publication of the Materials.

I represent that I am at least 18 years of age, or if not, that I have secured the signature of my parent or legal guardian.

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	witness	Doctor
		
Patient Name adnic adnic  Date 2024-02-23	Witness Name fgfdgfdgdfg  Date 2024-02-23	Doctor's Name dermatology derma  Date 2024-02-23