

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	:	2023-11-17

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.

 I give my consent to take photo.	 I do not give my consent to take photo
Patient Name GURJANT SINGH	Date 2023-11-17