



Photo Consent										
Patient Name		:	aamie may			Emirates ID		:	784-1991-1236544-5	
File No		:	7000282	DOB	:	2023-05-30	Nationality		:	Singapore
Gender		:	Female	Doctor's Name	:	Doctor-9 test	Date		:	2023-11-07

I aamie may 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></div> <div>I give my consent to take photo.</div>	<div></div> <div>I do not give my consent to take photo</div>
<div>Patient Name aamie may</div> <div>Date 2023-11-07</div>	