

Photograph/Media Consent And Release								
Patient Name	:	Alston Rebello		Emirates ID	:	784-1991-2906159-3		
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Alan Alfred	Date	:	2025-02-21

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
		<div></div>
Patient Name Alston Rebello Date 2025-02-21	Witness Name hgjhgj Date 2025-02-21	Doctor's Name Alan Alfred Date 2025-02-21