



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	:	2023-11-24	

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>Patient Signature</div>	<div></div> <div>Doctor's Signature</div>
<div>Patient Name aamie may</div> <div>Date 2023-11-24</div>	