



Consent form for Tattoo Removal NDYAG laser Therapy

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	:	2023-11-21
PATIENT					DOCTOR			
 Patient's signature.					 Doctor's Signature & Stamp			
Patient Name GURJANT SINGH					Doctor's Name Doctor-9 test			