



Informed Consent For Corneal Collagen Cross Link

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other	Gender	:	Male
Doctor's Name	:	Ophthalmology Doctor	Date	:	2024-01-04

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you concerning Botox injections, its risks, alternatives treatments(s).

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	Witness	Doctor
		<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
Patient Name sai krishna Date 2024-01-04	Witness Name fgfg Date 2024-01-04	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-04