



Issue: 9 August 2011

GRANT OF AUTHORITY

I, , Personal ID No.:
Patient's full name

authorize:

..... , holder of ID card
Full name of the authorized person

..... number to receive test results of

- X-ray
- laboratory
- CT
- gastroscopy
- holter

which were performed on at the ETER-MED Clinic.

or to send the description of test via e-mail to the address:

.....
Signature of the Patient

I declare that on I have received (sent) test results

.....
Signature of the Authorized Signature