

..... 20..... nr.....

DETAILS OF THE APPLICANT

first name and surname

personal identification code (in the absence thereof, date of birth)

phone number e-mail address.....

number of the applicant's identity document.....

passport ID-card driving licence other document

Details of the patient (completed if the applicant is not the patient)

first name and surname of the patient

personal identification code (in the absence thereof, date of birth).....

grounds for application (reference to legislation / consent / power of attorney)

DATA OR DOCUMENTS APPLIED FOR

- medical record
- medical history/excerpt
- radiological exams (CD/DVD)
- analysis results.....
- description of radiological exams.....
- other document/data.....

Purpose of the application or comments

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METHOD OF ISSUING

- send by registered letter to
/specify the exact address/
- picked up by the patient electronically picked up by
/first name and surname/

I am aware that the paper copies / discs requested will be retained for 30 calendar days after the date of submitting the application. If not picked up within the above-mentioned period, the copies or discs will be destroyed.

Applicant.....
/first name and surname/ /signature/

Release permitted yes no

Released to
/name of recipient/ /signature/ /date of release/

Number of the recipient's identity document
/type and number of document/

Released by
/name of employee/ /signature/