



QUESTIONNAIRE

F-6/1a

Wydanie 3

AUTHORIZATION FOR COLLECTING MEDICAL DOCUMENTATION AND/OR GIVING INFORMATION ABOUT HEALTH CONDITION

Strona: I

Stron: I

Data: 7.03.2022

Patient's information:

.....
Name and surname

.....
Date of birth

.....
e-mail address

.....
Phone number

Patient's representative information

.....
Name and surname

MEDICAL DOCUMENTS- PERMIT OF COLLECTION

I do not give my authorization to anyone for collecting my medical documentation

I give my authorization for collecting my medical documentation to Mrs/Mr:

.....
Name and surname of authorized person

.....
Patients signature / responsible person signature

INFORMATION ABOUT HEALTH CONDITION

I do not give my authorization to anyone for receive information about my health condition and results of my examination

I give my authorization for receive information about my health condition and results of my examination to Mrs/Mr:

.....
Name and surname of authorized person and her/his phone number

.....
Patients signature / responsible person signature

Due to the current state of epidemiological threat, I declare that I consent to the issue of a CD with diagnostic images without a description of the examination immediately after the examination. At the same time, I consent to the encrypted description of the study being sent by e-mail to the e-mail address provided below:

.....
e-mail address

.....
Patients signature / responsible person signature

FULLFILLED BY HELIMED EMPLOYEE

Data of authorized person has been checked

Authorization form has been received

.....
Data and signature of employee

.....
Data and signature of employee