



Szpital Zakonu Bonifratrów
 św. Jana Grandego w Krakowie sp. z o.o.
 Brothers Hospitallers of Saint John of God Hospital in Krakow
 ul. Trynitaraska 11, 31-061 Kraków
 Specialist Outpatient Care
 HERMAL MEDICINE OUTPATIENT CLINIC
 000000005787-05 VII:063 VIII:9012

Herbal Medicine Consultation Office

MEDICAL HISTORY

Full name:	PESEL: (national ID number):
Date and place of birth:	Age: Gender:
Phone number:	
Place of residence:	
Town/City:	
Postal code:	
Street:	

STATEMENT

I hereby authorize the following person to receive information about my health (legal representative/caregiver):

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I hereby authorize the following person / I do not authorize anyone to access and obtain copies (mark the appropriate option):

.....

This authorization is also valid after my death.

Patient's Signature & Date: 	Signature of the Hospital's representative:
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