



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

Krakow, on

Authorization for Collection of Medical Report Form

I hereby authorize

with ID card no.

ID card series

residing at

.....

to collect the following test reports: CT/ Ultrasound/ X-ray/ other, (please specify)

.....

(underline the appropriate one).

Signature of the person giving authorization

The person who collects the report should show this authorization form and his/her ID card.

Rev. I 29.09.2016

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