



REQUEST FOR ACCESS TO INDIVIDUAL MEDICAL DOCUMENTATION

Personal data of the patient:

Surname.....
Name.....
PESEL.....
Address.....

I, the undersigned, request the Director of ODENT sp. z o.o. to provide me with:

- extract (confirmation of receipt)*
- copy (confirmation of receipt)*

of my medical documentation.

.....
Date and the Patient's signature

* Delete as appropriate

Pursuant to the Act on the Patients' Rights and the Commissioner of Patients' Rights dated 6 Nov 2008 (Journal of Laws 2009 no. 52 it. 417) and the Act on personal data protection dated 29 Aug 1997 (Journal of Laws 2002, no. 101 it. 926)

CONFIRMATION OF RECEIPT OF INDIVIDUAL MEDICAL DOCUMENTATION

I hereby confirm that I have received my medical documentation on (date).

.....
Patient's signature