



## LETTER OF AUTHORIZATION

Attention FirstMed

I,

Name:  
Date of birth:  
National ID number:

authorize

Name:  
Date of birth:  
National ID number:

on my behalf, to pick up my personal medical documents, prescriptions or laboratory results from FirstMed which I have requested.

.....  
**Patient's name**

.....  
**Signature of authorized person**

Witnesses by:

Name:  
Address:  
National ID number:

Name:  
Address:  
National ID number:

.....  
Signature

.....  
Signature

Date:

**FirstMed FMC Kft.**

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**Your health  
comes first!**