



Authorization

Name: _____

Date of birth: _____

I authorize following person:

Name: _____

Date of birth: _____

Address: _____

Representative in my name and my order to take delivery of finding reports and/or images concerning my person in the Radiologische Gemeinschaftspraxis Betzdorf.

The authorized person has to prove his/her identity before handing over in our practice.

I am conscious of the fact, that this authorized person could gain insight my personal data and medical data. The authorized person could inspect diagnoses and finding reports.

We are not obliged to ensure, that finding reports/images are handed over by the authorized person to the constituent. That is outside our remit. We do not assume any quarantee or liability.

Date

Signature