



# AUTHORIZATION

I, the undersigned .....  
(maiden name: .....  
place and date of birth: .....  
mother's maiden name: ....., address: .....  
.....) hereby

## authorize

a **RADIO DENTAL EXTRA Limited Liability Company** (Registered Seat: 1164 Budapest, Tátraszirt sor 1. B. ép. 1 em. 3., company registration number: 01-09-182921, represented by: Izsó Istvánné, Managing Director ) to forward the X-ray and / or CT image(s) and the copies of the above, that were taken by this Institution, to the following person by e-mail: Dr. ....

Budapest, .....

.....

Principal

Before us as witnesses:

Name:.....

Name:.....

Address: .....

Address: .....

Signature:.....

Signature:.....



Radio Dental Extra Kft.

••••• WWW.RADIODENTAL.HU •••••