



AUTHORIZATION

I, the undersigned

(maiden name:

place and date of birth:

mother's maiden name:, address:

.....) hereby

authorize

the following person:

(maiden name:.....

place and date of birth:

mother's maiden name:, address:

.....)

to receive my X-ray and / or CT image(s) and the copies of the above, that were taken by **RADIO DENTAL EXTRA Limited Liability Company** (registered seat: 1164 Budapest, Cinkotakert str. 5/2., company registration number: 01-09-182921, represented by: Izsó Istvánné, Managing Director.)

Budapest,)

Principal

Before us as witnesses:

Name:.....

Name:.....

Address:

Address:

Signature:.....

Signature:.....



Radio Dental Extra Kft.