



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, Cinkota-
kert str. 5/2., company registration number: 01-09-182921, represented by: Izsó Istvánné, Managing Di-
rector) 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.