UCK

.....
city, date

AUTHORISATION TO COLLECT THE TEST RESULT

I, the undersigned: .....
first name and surname

PESEL (ID number) | | | | | | | | | | | holder of the identity card

..... series and number:
.....
e.g. ID card / passport / other document

I authorise .....
first name and surname
holder of the identity card

..... series and number:
.....
e.g. ID card / passport / other document

to collect the results of X-ray / CT / MRI / ultrasound / OTHER
*.....

.....
legible signature of the patient / actual guardian /
legal guardian

* mark as appropriate