

Consent for Electronic Transmission of Medical Records

Patient Details:

Name and Surname:

PESEL/Date of birth :

ID document:.....

Email address:

Legal Guardian Details (in case of a minor patient)

Name and Surname:

Residential Address:.....

I, the undersigned: :

(Full Name of the Person Making the Statement)

Hereby consent to the electronic transmission of medical records concerning the patient :

.....

(Full name of patient)

Via email, to the following email address

(Email address)

Date and signature:.....