

## PROXY OF PRESENCE AT MEDICAL EXAMINATION

I

 holding parental rights on the minor legal representative

of the patient:

Surname: ..... Name: .....

Place of birth: .....

Date of birth: .....

### GIVE THE POWER

To Mr./Mrs.

.....

To be present on his/her behalf at the medical examination to which my son/daughter /represented will be submitted.

Date .....

Signature .....

**ATTENTION: Kindly enclose copy of a valid ID document.**