

## POWER OF ATTORNEY

to collect medical documents

I \_\_\_\_\_, date of birth: \_\_\_\_\_,

address \_\_\_\_\_

authorize

**Mr./Mrs.** \_\_\_\_\_,

**date of birth** \_\_\_\_\_,

(hereinafter "**authorized person**")

to collect following documents on my behalf:

- Medical reports dated \_\_\_\_\_
- Medical images dated \_\_\_\_\_
- Other documents, namely \_\_\_\_\_

from Ambulatorium Döbling in the period from \_\_\_\_\_ until \_\_\_\_\_ the latest,  
and I expressly agree that the documents listed above will be handed over to the authorized person.

In this context I recognize that Ambulatorium Döbling may only hand over the above documents to the authorized person upon presentation of this Power of Attorney and proof of their identity using an official photo ID.

\_\_\_\_\_, this \_\_\_\_\_

\_\_\_\_\_  
Signature