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 identy using an official photo ID.

_____, this _____

_____

Signature