

PATIENT DATA CHANGE FORM FOR MINORS

Name and surname of the patient _____

PESEL □□□□□□□□□□

Reported changes (please check the applicable fields):

1. ☐ Address of residence in Poland

Street _____ Street Bldg. No. _____ Flat No. _____

Postcode _____ Town/City _____

The new address applies to:

☐ the minor patient ☐ both legal guardians ☐ the legal guardian:

Name and surname: _____ PESEL □□□□□□□□□□

2. ☐ Consenting to sending examination results and/or medical records of the minor patient by email as of the date of signature to the email address _____

3. ☐ Withdrawal of previously granted authorisation for the de facto carer

☐ for all previously authorised persons ☐ for one person that was previously authorised:

Name and surname of the authorised person _____

Date of birth of the authorised person □□-□□-□□□□

4. ☐ Granting authorisation for the new or an additional de facto carer

Name and surname of the authorised person _____

Date of birth of the authorised person □□-□□-□□□□

Phone number of the de facto carer _____

Change of data of a legal guardian to whom the change applies:

Name and surname of the legal guardian _____

PESEL of the legal guardian □□□□□□□□□□

5. ☐ If the legal guardian has no Polish personal identification number PESEL – passport series and number _____

6. ☐ Phone number _____

7. ☐ Email address _____

□□-□□-□□□□

Date of signature

Legible signature of the legal guardian

