

Power of attorney for the collection of prescriptions and refills



Praxis Mohebi & Mikas
Fachärzte für Allgemeinmedizin
Hausärztliche Versorgung

I hereby grant

Mr Mrs

Name

born on

dd.mm.yyyy

Power of attorney for the collection of prescriptions and referrals

The practice Mohebi & Mikas is authorised until revoked to hand out prescriptions and referrals to the following authorised representatives*

Mr Mrs

Name

born on

dd.mm.yyyy

Mr Mrs

Name

born on

dd.mm.yyyy

Mr Mrs

Name

born on

dd.mm.yyyy

This power of attorney is granted exclusively for this purpose and does not exempt the employees of the practice from medical confidentiality.

Date/Town

Signature

Parent/legal Guardian signature