

Informace pro lékaře

INSTRUCTIONS FOR THE ATTENDING PHYSICIAN OR THE DENTIST

The holder of this insurance is insured with Česká pojišťovna a.s. in Czech Republic. This insurance company is hereby committed to pay you, through the mediation of the Assistance service, the costs incurred by medical treatment or hospitalization of the patient on the basis of General Insurance Conditions, Contractual Agreements and the insurance contract.

If you have any doubts as to the insurance coverage, please contact our **Assistance Service**:

Europ Assistance s.r.o. tel.: +420 221 586 675
Na Pankráci 1683/127 fax: +420 221 586 100
140 00 Praha 4 e-mail: cpoj@europ-assistance.cz
Czech Republic

ATESTATIO MEDICI / MEDICAL REPORT

Nomen aegroti _____ Natus _____
Patient's name _____ Date of birth _____

Diagnosis _____

Anamnesis
Past medical history _____

Causa traumatica
Cause of injury _____

Therapia
Treatment _____

Hospitalisatio in _____ a die _____ usque ad diem _____
Hospitalisation in _____ from _____ to _____

Medicamenta praescriba
Prescribed medication _____

Die
Date of service

Sigillum, nomen medici
Physician's name and signature