



Power of attorney for collecting prescriptions, medical reports, etc.

I,

First name, last name, day of birth (of authorizer)

Location of residence (of authorizer)

hereby authorize

First name, last name, day of birth (of authorized person)

Location of residence (of authorized person)

To collect the following documents:

- Medical prescriptions, referrals, Medicines and remedies
- Everything that comes up for me at the doctor's office, including documents from my patient record

Release from confidentiality:

- This document authorizes the proxy to obtain information from my treating physicians. The proxy shall be provided with comprehensive information about my state of health and shall be granted access to my medical records. The treating physicians and staff are released from their duty of confidentiality towards the proxy.

ZIP-Code, City, Date, Signature

Please note that the identity of the authorized representative must be verified (e.g., by means of an ID card). The authorized representative must present a power of attorney signed by the principal.