SIGNATURE SAMPLE

for authentication of medical reports, certificates to be used abroad

I ..... (name of the doctor) do hereby certify that the signature on this document is my own handwritten signature.

Public data of the aforementioned doctor for reason of public interest pursuant to Paragraph (5) of Section 112 of the Act CLIV of 1997 on Health:

Name:

Basic registration number:

Name of the workplace:

Name of specialist qualification(s):

Date: .....

.....

signature*

(*Please mark the signature/initial that is usually written on your medical reports.)