

Power of attorney for consent to examination

As the patient's legal guardian or custodian, I hereby authorise a representative specified by me to give consent for the examination (including possible administration of a contrast agent, if necessary).

Patient details

Surname, First name

Date of birth

Date of examination

Authorised representative

Surname, First name

Date of birth

Street, house number

Postcode, town

Legal guardian/custodian

Surname, First name

Date of birth

Street, house number

Postcode, town

Place, date

Signature of legal guardian / custodian*

Please ensure that this completed power of attorney and a copy of both sides of your ID can be presented at the examination. Please can you also send this completed power of attorney to the following fax number: +41 44 510 29 99 in advance. Please give a copy of your ID to your authorised representative to bring to the examination.

* Where one custodian (e.g. parent) is the sole signatory, they confirm with their signature that they have sole custody or that they are acting in agreement with the other custodian.