

Patient Application for Private Surgery



Centrum Medyczne
Szpital MEDYK
w Zimnej Wodzie

Patient's full name

Address

Year of birth

Phone number

Email address

Type of the planned procedure

ICD procedure code

Gross price of the procedure (acc. to the current price list)

Gross price in words:

Additional costs related to the need to use additional disposable surgical equipment and/or implants.

Date of the planned procedure:

Date of the planned admission to hospital:

Doctor's stamp and signature

I declare that I knowingly and voluntarily express my will to undergo a chargeable surgery.

Patient / legal
representative's signature

Patient information

Date:

Time:

Please report to the Reception Desk of the CM MEDYK Hospital in Zimna Woda on the specified date and time.

The payment for a private surgery is **payable 3 days before the planned procedure** into the Hospital bank account No. **93 1930 1392 2001 0002 3429 0001**

The title of the transfer shall include:

Patient's full name, Surgery at the Medyk Hospital Medical Centre in Zimna Woda.

Please submit the payment confirmation on the day of admission to Hospital