First name and surname Date of birth Passport Nr.

Domicile Nationality

A. The date of the health care in an outdoor department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The price of the service (in Czech crowns) CZK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. The date of the health care in an indoor department from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

The price of the service (in Czech crowns) CZK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The account was prepared by:

(The signature of the physician,

the stamp of the hospital department) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Proclamation

I acknowledge with my signature, that I accepted a madical treatment in the University Hospital in Olomouc, department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I accepted the account for the given treatment. For this medical treatment, inclusively the other services, after the subtraction of the deposit I owe to the University Hospital the amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CZK,

which I did not pay yet.

I acknowledge my this debt and I agree with the way of accounting and with the mentioned amount of the debt and I proclaim, that this debt I will pay in14 days after leaving the University Hospital.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In Olomouc, on the day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_