

## ORDER FORM – RAPID COVID TEST

INFORMATION ABOUT THE PATIENT	
Name and surname	
Date of birth	
E-mail for submission of test result	

Place and date: \_\_\_\_\_

Signature: \_\_\_\_\_

We treat the information you provide to us when filling out the form confidentially and in accordance with the legal regulations governing the protection of personal data. We use your information only for the purpose of protecting patient privacy.