
place and date

Name and address:

LUX MED Sp. z o.o.
Szturmowa 2 Street
02-678 Warsaw

Authorization to receive medical documentation

Ladies and Gentlemen,

In line with the findings concerning the transfer of individual health records of employees of Occupational

Medicine _____ Medical Center:

(name and address of the former provider)

to occupational health care unit

(address to which the clinic is to be transferred to the documentation)

accordance with § 10. 2 Ministry of Health of 29 July 2010 on the types of medical records, occupational health services, how it is handling and storage, and designs used documents (Journal of Laws of 2010 No 149, pos. 1002), we pass from HR de p a r t m e n t c u r r e n t list o f employees authorized for medical services.

signature of person representing the company

Document status:
Restricted

Appendix...
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