

Centrum Medyczne Mediconcept Sp. z o.o. Sp. k.  
ul. Krzycka 94  
53-020 Wrocław  
NIP: 8992835662

Wrocław, \_\_\_\_\_

### TESTIMONIAL

Centrum Medyczne Mediconcept Sp. z o.o. Sp. k. based in Wrocław testifies, that Mr/Mrs:

\_\_\_\_\_  
*Name and surname, PESEL*

Has a planned medical visit in the company's residence (address above) on the (date):

\_\_\_\_\_  
time: \_\_\_\_\_

This testimonial has a reusable character and is issued in order to be presented to all subjects that can be concerned.

\_\_\_\_\_  
*Signature and seal of the company's representatives*