

beauty group

PLASTIC SURGERY CLINIC

7, St. Wojciechowskiego Street; 71-476 Szczecin, PL

Ph no: +48/ 91 4540 442 Fax: +48/ 91 4540 438 info@beautygroup.pl

RESERVATION CARD FOR THE OPERATION

Name and Surname: _____

Planned Operation: _____

The Operation Date: _____

Date of Your Arrival: _____

Accompanying person that needs an accomodation in the clinic: **YES / NO ***
(*) circle the correct answer

A firm reservation of the operation date is made by payment of **1000 PLN** to our bank account. This payment constitutes at the same time an installment for the operation.

In the case when, for important personal reasons, undergoing an operation in the planned date will occur impossible, please inform us about this at least 21 days before the planned surgical operation. Then we can postpone the operation date or make a refund (by transfer to your bank account).

If the change of operation date or resignation will not be reported in due season, the patient will lost that money, cause of they will be treated as a cost of preparation to the operation.

If the surgery is hold in local anesthesia - patient does not need to fast.

If you have not had the medical consultation with the surgeon yet, you will have it in the day on which the surgery is planned or the day before.

The surgery can only be performed under the condition of making complete payment before the operation.

Please send us back a signed copy of this card together with a voucher (proof of payment) by post or by fax on number: +48/ 91 4540 438

PLEASE in the title of the bank transfer write: „Deposit for OP. (date)”

Bank name, address: **Alior Bank SA, ul. Śląska 32a, 70-433 Szczecin**

IBAN: **PL 75 2490 0005 0000 4520 3691 9585**

BIC/SWIFT: **ALBPPLPW**

Signature: _____