

Name / Surname / Nom / Nombre /
Фамилия

Dr. med. W I E C K - B O L Z

Christian Name / Christian Name / Prénom /
Nombre de pila / Имя

Renate

Birth date / Date of Birth / Date de
naissance / fecha de nacimiento /
Дата рождения

03.10.1951

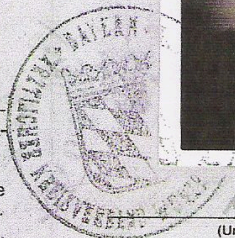
As a physician in accordance with the
law member of the Chamber of Physicians.

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(Unterschrift des Arztes)

Würzburg, den 19. Mai 1982

(Siegel und Unterschrift des ausstellenden
Arztl. Kreisverbandes)

ARZTAUSWEIS

Medical Identity Card
Carte d'Identité Médicale
Legitimación de Médico
УДОСТОВЕРЕНИЕ ВРАЧА

Nr.

--20/82--