

Registration Form

Name:

Name at birth:

Mother’s maiden name:

Place and date of birth:

Address:

Hungarian social security number (TAJ) or other personal ID:

Phone number:

E-mail address:

Privacy Statement

I confirm that I allow Attila István Nagy M.D. to manage and use the personal data given above in order to:

* prepare medical documentation
* writing prescriptions for medication

Attila István Nagy M.D. declares to handle the data with maximal confidentiality, and shall not give it to third parties, according to applicable legal regulations.

Debrecen,