## 9. számú melléklet

**Magyarul nem beszélő beteg kommunikációs nyilatkozata (angol)**

**DISCLAIMER**

I accept that the language used for communication between the staff of Semmelweis University and patient (caregiver) during treatment is

**English**.

Patient’s surname: ...……………………………………………

Patient’s first name: ...………………………………………….

Patient’s date of birth: ………………………………………….

Patient’s passport number: …………………………………….

Signatory’s surname: …………………………………………...

Signatory’s first name: ………………………………………….

Date:

……………………………………

signature