

Order

Contractor: Dermaestetik HealthCare AG
Division: dermaestetik / Taskesen dermatologie
Nüscherstrasse 30
8001 Zürich

Client: First name _____
Last name _____
Street _____
ZIP / City _____

The client commissions the contractor (Dermaestetik HealthCare AG) the following
doctor/doctor's practice/outpatient medical institutions,

to request my complete patient file and to obtain all medically relevant information.

For this purpose only and exclusively towards Dermaestetik HealthCare AG and its
employees, the doctor/doctor's practice/outpatient medical institution is released
from the duty of confidentiality.

Place, date, signature