DÉL-BUDAI CENTRUMKÓRHÁZ SZENT IMRE EGYETEMI OKTATÓKÓRHÁZ
1115 Budapest, Tétényi út 12-16.
Fizető Betegellátás

FNY260/2/angol

Munkahely megnevezése

Data Sheet
for explanation of payment

Patient's data

Name:			
Place and date of birth:			
Address (country, city)			
Address (street, No.)			
Citizenship:		Need of foreign language document? (y/n)	
Passport no.		Preference code:	
Serial no.		Preference name:	

Data of the hospital treatment:

1. **Date:**

2. **Procedures:**

Name:	ICMP code	Amount	Unit price (HUF)	Fee (HUF)

Total medical care:		**HUF**	**Invoice for** (name, address):
Foreign language doc.	yes / no		
Administration costs:		HUF	
Other services:		HUF	
Total:		**HUF**	

To be paid: **HUF**

Budapest,

doctor's seal and signature

* Other services::