Pedopsyche

Pedopsyche s.r.o. · Company ID 29889804
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Confirmation of acknowledgement of the terms of treatment and payment terms

Annex to the General Terms and Conditions of Pedopsyche s.r.o. (English translation for information; the Czech version is legally binding)

Child / patient – first and last name	
Child's date of birth	
Legal guardian / authorised person – first and last name	
Relationship to the child and contact details	
Date and time of examination / follow-up	
Type of service	
Price according to the price list (CZK)	
Provider's account number	
Variable symbol / payment reference	
Method of payment	☐ advance transfer ☐ other: _____
Date of acknowledgement of the Terms	

Declaration of the legal guardian or authorised person

1. I confirm that I have been given access to the Terms, the price list or information on the price, and the payment terms applicable to the above service. I had the opportunity to ask questions and to request an explanation of any provisions I did not understand.
2. I acknowledge in particular the rules on advance payment, changing and cancelling appointments, late arrival, refunds, acute conditions and complaints. I understand that the specific medical procedure is governed by professional judgement and separate information.
3. I confirm that I have been informed that this signature does not waive any statutory rights, in particular the right to information, to medical records, to lodge a complaint, to consumer protection or to personal data protection, and does not replace informed consent or consent to a specific medical procedure.

In _____ on _____

Signature of legal guardian / authorised person:

Name of healthcare professional:

Signature of healthcare professional: