

Form for the Withdrawal

Please fill out the form for the withdrawal of your operation order and send it back to us:

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Mail: office@newmedical.eu

Hereby I make use of the withdrawal for the surgery appointment that has been agreed upon with me

At the (surgery appointment) _____

With the following doctor _____

In the following clinic _____

Customer ID: _____

My dates are:

Name and Surname of the Customer _____

Street, house number _____

Postcode and location _____

Country _____

Place, Date

Signature