



APPLICATION FOR MODIFICATION

ORDERS NUMBER

Addressee:

MediStore

Medicover Sp. z o.o.

Al. Jerozolimskie 96

00-807 Warsaw

Fax: 48 22 597 70 79

Email: dok@medicover.pl

I/We (*)

Please change the sales contract for the following items / delivery contract the following positions / contracts for work including the following positions / providing the following service (*)

.....

(please provide the order number or service name).

Additional information:

Date of conclusion of the contract / receipt (*):

Name and surname of the consumer (s):

.....
.....

Consumer address (s):

.....
.....

Description of modification:

.....
.....

Date:.....

(*) Delete accordingly