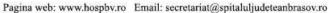
## CONSILIUL JUDEȚEAN BRASOV SPITALUL CLINIC JUDEȚEAN DE URGENȚĂ BRAȘOV



Mun. Braşov, Str. Calea Bucureşti, nr. 25-27, Cod poştal 500326, Jud. Braşov Tel: 0268/320022, 0372676271 Fax-uri: 0268/333015, 0372676351

Cont RO 88 TREZ 131 21F 330 800 XXXX Trezoreria Brașov Cod fiscal 4384117





**Approved** 

Manager S.C.J.U.Bv.

## REQUEST FOR ADMISSION ON DEMAND

I, the undersigned residing in the county
of locality street,
holder of identity document series no,
CNP
Request admission on demand to the department according to art. 237
letter j of Law no. 95/2006.
This request constitutes an enforceable title in case of non-payment of expenses
according to the invoice.
APPROVED BY HEAD OF DEPARTMENT,
SIGNATURE OF THE APPLICANT,
NAME OF THE MEDICAL SERVICE REQUESTED ON DEMAND,
DRG CODE,