

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,