

DERMATOLOGICA LEOPOLDO BELLUCO Monselice – Via Trento Trieste 10 Padova – Via T. Aspetti 106	CLIENT CLAIM	AC 2.3b Revisione Data 22/02/2019
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NUMBER:..... **DATE:**.....

ORIGIN OF THE CLAIM
PATIENT INFORMATIONS NAME: _____ SURNAME _____ DATE AND PLACE OF BIRTH: _____ Fiscal code: _____ Telephone: _____
DESCRIPTION AND CAUSES OF THE CLAIM
CAUSE OF THE CLAIM: _____ _____ _____ _____ _____ _____ _____ _____ _____
Signature: _____
CLAIM'S SOLUTIONS – RESERVED TO THE CLINIC
Controls: _____ _____ _____
Corrections and solutions: _____ _____ _____
SOLUTION'S CHECKS
_____ _____ _____ _____ _____
Clinic Signature