

Patient's statement

.....
name and surname

.....
PESEL / date of birth

.....
e-mail address

.....
telephone number

yes no

I agree to receive marketing communications from Sport Medica S.A. and other companies of the LUX MED Group intended to promote the services offered by these companies, to inform about events related to their activities and to promote a healthy lifestyle, using my personal data:

yes no
 e-mail address (to receive e-mail messages)

yes no
 telephone number (to receive text messages: SMS, MMS, and incoming phone calls)

yes no

I hereby give my consent to Sport Medica S.A. and other LUX MED Group companies to process for marketing purposes, including profiling, my personal data obtained from ordering processes or by using the services of these companies, or which I myself disclosed on their contact forms. This consent applies in particular to all my personal details, which include information about the way I use the services of the above-mentioned companies.

.....
place and date

.....
patient's signature