



PATIENT AUTHORISATION LETTER

Patient Authorization for Third-Party S2 Application Management

I, the undersigned,

Full name: Milena Sienkiewicz-Dyminski

Date of birth: 24/02/1985

Full address in England: 124 Park Lane, Harrow, United Kingdom

hereby authorize **Dr Marius Nedelcu** based at **Clinique Bouchard 77 rue du Dr Escat 13006 Marseille**, to act as my **authorized representative** in all administrative matters relating to my **S2 application** to NHS England for planned medical treatment within the EU. This authorization includes, but is not limited to:

- Completing and submitting the S2 application form
- Communicating with NHS England and other relevant institutions
- Providing supporting documents on my behalf
- Following up on the status and outcome of the application

I confirm that this authorization is granted voluntarily and with full understanding of its implications.

Signed at: UK

Date: 08 Jul 2025

Signature of patient: *Milena Sienkiewicz-Dyminski*