

Annex 1 - Withdrawal Form

(Fill in this form and send it back only if you want to withdraw from the purchase contract)

Address	Porta Medica s.r.o., Opletalova 1525/39, Nové Město, 110 00 Prague 1
I hereby give notice that I withdraw from the contract of purchase of this Product:	
Date of ordering the Product:	
Order number (please refer to the order confirmation sent by email):	
Name and surname of the Customer:	
Customer's address:	
Account No. for refund	
Reason for withdrawal	
Date:	
Customer's signature (only if the form is sent in paper form)	