**ANNEX III**

**INFORME MÈDIC**

El Sr. / La Sra.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Núm. de col·legiat/ada \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emet el següent informe mèdic sobre:

El Sr. / La Sra.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, amb la finalitat de la sol·licitud d'una comissió de serveis.

* ANTECEDENTS PERSONALS

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* PATOLOGIA ACTUAL

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* DATA D'INICI DE LA PATOLOGIA ACTUAL/ TRACTAMENT DE FERTILITAT

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* SIMPTOMATOLOGIA

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* TRACTAMENT

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* CAUSA PER LA QUAL SERIA CONVENIENT UN CANVI DE DESTINACIÓ

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ de/d’\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2023

Signat: