

Last data control:

17. October 2011

Data Control / Confirmation of Validity

Dear Sir or Madam

It is time for the regular control of your stored basic data. The basic data are published free of charge. Please check the printed data on page 2 to guarantee a correct publication of your particulars. Failure to return confirmation of validity, your existing details could be deleted in the next control run. The basic listing consists of name, address, telephone and fax numbers. Potential incomplete or incorrect data of your enclosed listed entry can be updated by you free of charge or deleted only through our website www.temdi.com. Should you wish to publish additional information, please use the enclosed form to place a chargeable order. Additional information regarding your practice as well as pictures and logos can be attached for publication.

Please review your details with care and update accordingly.

Yours faithfully

This document has been processed electronically, therefore does not carry a signature.

The Physicians Register

Carefully verify and update this form, only then your order can be fulfilled correctly.

A. The below mentioned data has already been listed in The Physicians Register. Please rectify potential incorrect data on this form.

Additional information should be inserted in a legible manner!

Name of Practice _____

Medical Practitioner _____

Street Address _____

ZIP Code, Town _____

OB-nr _____

Telephone _____ Fax _____

E-mail _____ <http://www.> _____

B. Your area of expertise has to this day been listed in The Physicians Register. Please fill in changes and amendments (Registration Number / established since / Speciality) in the space provided below.

C. Analysis and therapy focus: _____

D. Do you accept new patients? Yes No Electronic prescriptions? Yes No

E. Are you available as a Medical Expert Witness for a fee? Yes No

F. Practice facilities Doppler ECG EEG Endoscopy Laboratory
 Laser MRI Ultrasonic X-Ray

Others: _____

Please enclose pictures and additional text material and use the provided return envelope.

G. Other Applied Languages German French Italian Spanish Others _____

H. Business Hours _____ Insurance Public Private Fees _____

I. Additional Services Medical emergency service Home visits Hotel visits

Order: I confirm that the attached graphical and text material is of the latest level of information. Furthermore, I note that all form of entries will always be carried out within any possibly applicable data protection acts in accordance with LPDP 67/98. I hereby place the order with Publisher United Lda. to publish the details provided on this form including logo and picture as a publication on the website www.temdi.com during the next 36 months. The cooling-off period of ten days begins from the date of placement of the order; thereafter the order becomes irrevocable. The revocation must be made by registered mail and the date on the post stamp is valid. This order will automatically be prolonged for a further year if not cancelled at least three months prior to the end of the current contract period. The costs of the publication amount to Euro 1057 per year excl. VAT and are charged yearly in advance. Payment term is of 20 days upon issue of invoice whereby the minimum contractual period begins from the date of the first invoice. I permit the publishers already at this stage to assign this contract to third parties. The prevailing registered office of the publishers shall be the place of jurisdiction and of performance and the laws in force there shall be applicable. The publishers also have the right to sue at my place of jurisdiction. In the event that I do not return the proof sent to me within the deadline set, permission for publication according to the proof shall be considered as granted.

Place, Date

Seal / legally binding signature