Voucher template.

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| --- |
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| PARKINSON RESEARCH CLINIC  Centre Hospitalier du Luxembourg  Ancienne Maternité  120, route d'Arlon  L-1150 Luxembourg |

Number: **##C\_NUMBER##**

Patient name: **##C\_PATIENT\_NAME##**

Voucher partner: **##C\_PARTNER\_NAME##,**

**##C\_PARTNER\_ADDRESS##,**

**##C\_PARTNER\_****POSTAL\_CODE##, ##C\_PARTNER\_****CITY##,**

**##C\_PARTNER\_****COUNTRY##,**

**Phone: ##C\_PARTNER\_****PHONE##,**

Type: **##C\_VOUCHER\_TYPE##**

Hours: **##C\_HOURS##**

Issue date: **##C\_ISSUE\_DATE\_SHORT##**

Expiry date: **##C\_EXPIRY\_START\_SHORT##**

Worker: **##WORKER##**