



REPUBLIC OF CYPRUS

MINISTRY OF HEALTH
MEDICAL & PUBLIC
HEALTH SERVICES

LICENCE TO OPERATE A PRIVATE CLINIC

File no: **21.03.002.34**

REGISTER NO: **A/6/H**

NAME OF CLINIC **PEDIEOS IN-VITRO FERTILIZATION CENTRE**

CATEGORY OF CLINIC **Day-Care Clinic**

SPECIALITY: **Artificial Reproduction Unit**

SPECIALIZED CLINICAL UNITS **Artificial Reproduction Unit**

ADDRESS OF THE CLINIC **8 Karaolis str.1095 Nicosia**

TEL. **22670850**

PHYSICIAN RESPONSIBLE FOR THE CLINIC

<u>Name and Surname</u>	<u>Address</u>	<u>Telephone</u>
Dr Krinos Trokoudes	8 Karaolis str. 1095 Nicosia	22670850

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REGISTRAR
FOR PRIVATE CLINICS
DR. PETROS MATSAS
DIRECTOR, MEDICAL &
PUBLIC HEALTH SERVICES

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Date: 5/10/2016

I hereby certify that this text is a true translation of the attached document

I hereby certify that the signature of the translator is that of Yiannakis Solomou

(sgd) 

D. Hasikos

For Acting Director
Press and Information Office
REPUBLIC OF CYPRUS

