Form for choice of district health center

If you can please use a computer and go to http://www.1177.se/Vasternorrland/Tema/E-tjanster/ and fill in the form for the health center you wish to belong to. You can use this form if you do not have a computer. Please use block capitals.

Leave or send this form to the health center you choose.

Personal ID number: ____________________________________________________________

Name: ______________________________________________________________________

Address: ____________________________________________________________________

Postal code, city: ______________________________________________________________________

Phone number: ________________________________________________________________

Cellphone: ______________________________________________________________________

I choose this district health center: _________________________________________________

Previous district health center: ______________________________________________________

______________________________________________________________________________

City and date

______________________________________________________________________________

Signature*

* If the choice of health center refers to a minor (under the age of 16) shall the form be signed by both parents (legal guardian). For the person with a trustee shall the trustee sign the form.