

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 of a legal guardian. For the person with a trustee shall the trustee sign the form.

Listningskansliet
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