

## Val av vårdcentral Hälsoval Sörmland/ Choice of healthcare centre in Sörmland

Jag väljer/önskar byta till/I would like to change to

**Vårdcentral/Healthcare centre**

**Namn/Name**

**Personnummer/ (12 siffror)**  
**Personal ID number (12 digits)**

**Gatuadress (enl. folkbokföring)/**  
**Street address (as registered)**

**Postadress (enl. folkbokföring)/**  
**Postal address (as registered)**

Jag önskar sms-påminnelse för bokad tid   
I would like to receive SMS reminders for appointments

Ja Nej/  
Yes No

Påminnelse ska sändas till mobiltelefonnummer:/  
Reminders shall be sent to mobile number:

Mobilnumret tillhör (namn):/  
The mobile number is registered to (name):

**Datum/Date**

**Namnunderskrift/Signature**

**Telefon dagtid/Daytime telephone number**

**Datum/Date**

**Namnunderskrift/Signature**

**Telefon dagtid/Daytime telephone number**

### **What the choice of healthcare provider means for you:**

- **NB:** When choosing a local healthcare centre for my child, I am also choosing a children's healthcare centre.
- I choose to, in the first instance, contact my chosen healthcare centre for any medical care that does not require hospital care.
- I consent for the chosen healthcare centre to receive my health and medical care allowance.
  
- For children younger than 18 years, the parent/guardian's signature is required. In cases of joint custody, the signatures of both parents/guardians are required.
- The choice is only valid if the date and signature are provided by the person in question/the person's guardian.

**The form is to be sent/submitted to the chosen healthcare centre.**