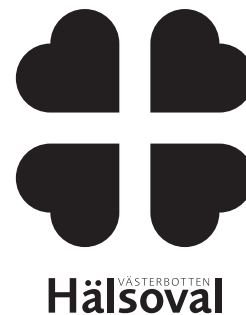


## Form for choosing a health care centre



Personal identity number \_\_\_\_\_  
(YYYYMMDD-XXXX)

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal code \_\_\_\_\_ Post town \_\_\_\_\_

Telephone \_\_\_\_\_  
home work mobile

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_

Signature of parent or guardian is required for children under 16.

**I choose the following health care centre/cottage hospital:**

\_\_\_\_\_

Send the form to – or hand it in at – the health care centre or cottage hospital you have chosen.

You can find the address at the website [1177.se](http://1177.se).

### Hälsöcentralens anteckningar

\_\_\_\_\_  
Datum när listningen träder i kraft

\_\_\_\_\_  
Datum för inkommen valblankett, namnteckning