Form for choosing a health care centre

Personal identity number ________________________________________________________________
(YYYYMMDD-xxxx)

Name ________________________________________________________________

Address ________________________________________________________________

Postal code ______________________ Post town _________________________________________

Telephone ________________________________________________________________

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.