Vantaan ja Keravan hyvinvointialue
Vanda och Kervo välfärdsområde

Withdrawal of consent

TULOSTA TYHJENNÄ LOMAKE

Withdrawal of consent given for acting on behalf of someone else in healthcare

PATIENTS/CLIENTS INFORMATION

First name | Last name | Personal identity code

INFORMATION OF PERSON ACTING ON BEHALF OF PATIENT/CLIENT

First name | Last name | Personal identity code

E-mail | Telephone number

I cancel the contract concerning

- [ ] All electronic services in Vantaa and Keravas wellbeing services county (i.e. booking of appointment, renewal of prescription, Marevas and diabetes patients service)
- [ ] Other, what

DATE AND SIGNATURES

Place | Signature

Date | Name clarification