

The wellbeing services county of Southwest Finland Social and Health Services Services at health and social centres

Arrived:

Changing health centre

This form communicates the choice of treatment facility for non-urgent care as per Health Care Act. (Health Care Act 1326/2010.) (Mandatory information is marked with an asterisk*.)

Act. (Health Cale	FACE 1320/2010.)	(Mandatory information is marked with an asterisk .)
1. Personal of	details	
Personal identity	code: *	Surname and first names: *
Street address: *		
Postal code and	town: *	Municipality of residence: *
2. Information	on on the choi	ce of health centre
My current health	n centre is:	My choice for my new health centre:
I would like	to be notified of t	he change of health centre to this number:
Be prepared to pr	rove your identity	tre services three weeks after the form was received, at the latest. with a passport or a photo ID when visiting your new health centre change health centres at most once a year.
3. Date and	signature	
Date:	Signatu	ure and print name:
I agree to m	ny patient data be	ing handed over from my current health centre to my new health

4. Returning the form

The form is returned to the chosen new health centre.

You can also return the form by post. Health centre addresses can be found in Varha's online service.