

Power of attorney

Details of the authorising party

First name and last name	Personal identity code
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Details of the authorised party

First name and last name	Personal identity code
Address	
Postal code and town	Telephone

Scope of authorisation

<p>I hereby authorise the above person to act on my behalf in dealings with companies belonging to Pihlajalinna Group. The said person is authorised to</p> <ul style="list-style-type: none"><input type="checkbox"/> make inquiries on future appointments<input type="checkbox"/> make inquiries concerning laboratory results<input type="checkbox"/> deal with drug-related matters, including the Prescription Centre (Kanta Services)<ul style="list-style-type: none">- renewal and cancellation of prescriptions, summary of prescriptions, ensuring the safety of medication<input type="checkbox"/> request patient documents<input type="checkbox"/> deal with payment-related matters
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Restrictions (write here the things beyond the power of attorney, such as the public/private healthcare provided by Pihlajalinna currently or previously, a time period, an illness/accident or a clinic, or specify the matters to which the power of attorney exclusively applies)

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Validity of the power of attorney

The power of attorney is valid until	(max. 2 years)
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Signature of the authorising party

Date	Signature of the authorising party and name in block letters
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Witnesses (required if the authoriser is unable to visit a Pihlajalinna clinic to verify his or her identity)

Date	Date
Signature and name in block letters	Signature and name in block letters

To be filled in by the clinic

The identity of the authorising/authorised party shall be verified from a photo ID. The method used to verify the identity:

- Driving licence Passport Photo identity card issued by the police
 Other, please specify:

The name and clinic of the person receiving the power of attorney:

The power of attorney is filed in the patient register as an attachment to the patient/client information.