

Revocation of a power of attorney

I hereby revoke the power of attorney by which I have authorised another person to act on my behalf.

Details of the authorising party

First name and last name	Personal identity code
--------------------------	------------------------

Details of the authorised party

First name and last name	Personal identity code
--------------------------	------------------------

I revoke the power of attorney dated _____.

Signature of the revoking party

Date	Signature of the authorising party and name in block letters
------	--

To be filled in by the clinic

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

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