Form for choice of care centre

Personal data

Name: .....

Personal identity number: .....

This information will be dealt with in accordance with the Patient Data Act and Personal Data Act. For the Kronoberg County Council, the County Council Board is responsible for making sure that personal data is dealt with appropriately.

Choice of care centre

Please print. At the following link (in Swedish), www.ltkronoberg.se/vardval a list is available of all the care centres that you can choose from.

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You will receive confirmation of your choice by regular mail.

Signature

A parent's or guardian's signature is required for children under the age of 18.

.....

Date Signature

.....

Printed name

Send this form to:
Landstinget Kronoberg
Vårdvalsservice
351 85 Växjö