

Application Form for Choice of District Health Centre

You can also make your choice through 1177 'vårdguiden e-tjänster',
www.regiondalarna.se/1177etjanster

<p>Personal information</p> <p>Please write in block capitals</p> <p>Name</p> <p>.....</p> <p>Adress</p> <p>.....</p> <p>Postal Code and City</p> <p>.....</p>	<p>Personal identity number</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> <p>Telephone No.</p> <p>.....</p> <p>These particulars will be processed in accordance with the Swedish Patient Data Act (patientdatalagen) and General Data Protection Regulation (GDPR).</p>																				

Please select the District Health Centre you wish to choose
You will shortly receive confirmation by post, directly in your letter box, from the District Health Centre of your choice.

<p>Avesta kommun</p> <p><input type="checkbox"/> Vårdcentral Avesta</p> <p><input type="checkbox"/> Vårdcentral Avestahälsan</p> <p><input type="checkbox"/> Vårdcentral Koppardalen</p>	<p>Hedemora kommun</p> <p><input type="checkbox"/> Vårdcentral Hedemora</p> <p><input type="checkbox"/> Vårdcentral Långshyttan</p>	<p>Orsa kommun</p> <p><input type="checkbox"/> Vårdcentral Orsa</p>
<p>Borlänge kommun</p> <p><input type="checkbox"/> Vårdcentral Domnarvet</p> <p><input type="checkbox"/> Vårdcentral Jakobsgårdarna</p> <p><input type="checkbox"/> Vårdcentral Kvarnsveden</p> <p><input type="checkbox"/> Vårdcentral Läkarhuset Borlänge</p>	<p>Leksands kommun</p> <p><input type="checkbox"/> Vårdcentral Leksand</p>	<p>Rättviks kommun</p> <p><input type="checkbox"/> Vårdcentral Rättvik</p>
<p>Falu kommun</p> <p><input type="checkbox"/> Vårdcentral Britsarvet-Grycksbo M</p> <p><input type="checkbox"/> Falu Vårdcentral</p> <p><input type="checkbox"/> Vårdcentral Kvarnporten</p> <p><input type="checkbox"/> Vårdcentral Norslund-Svärdsjö M</p> <p><input type="checkbox"/> Vårdcentral Tisken M</p>	<p>Ludvika kommun</p> <p><input type="checkbox"/> Vårdcentral Engelbrekt M</p> <p><input type="checkbox"/> Vårdcentral Ludvika-Grängesberg</p> <p><input type="checkbox"/> Vårdcentral Sunnansjö</p>	<p>Smedjebackens kommun</p> <p><input type="checkbox"/> Vårdcentral Smedjebacken</p>
<p>Gagnefs kommun</p> <p><input type="checkbox"/> Vårdcentral Gagnef</p>	<p>Malung-Sälens kommun</p> <p><input type="checkbox"/> Vårdcentral Malung</p> <p><input type="checkbox"/> Vårdcentral Sälen</p>	<p>Sätters kommun</p> <p><input type="checkbox"/> Vårdcentral Säter</p>
	<p>Mora kommun</p> <p><input type="checkbox"/> Vårdcentral Mora M</p>	<p>Vansbro kommun</p> <p><input type="checkbox"/> Vårdcentral Vansbro</p>
		<p>Älvdalens kommun</p> <p><input type="checkbox"/> Vårdcentral Särna</p> <p><input type="checkbox"/> Vårdcentral Älvdalen</p>

M Har mottagningsverksamhet på flera orter. Kontakta vårdcentralen för mer information.

Signature

Parent/Guardian's signature is required for persons under the age of 18. If the choice is made by proxy, the representative shall sign.

Date..... Signature.....

Name in Block Capitals.....

Name, personal identity number, date and signature are required for this choice to be valid.

Send the completed application to:
Region Dalarna, Vårdvalsenheten, Vårdval Primärvård, Box 712, 791 29 Falun.