



Social Services and Health Care Division
Oral health care

APPLICATION FOR WAIVING A PENALTY
FEE

(Instructions for the collection of acute
treatment patient fees, permanent health
centre instructions P178)

Dental clinic _____

Name of the person being billed _____

Personal identity code _____

Invoice number _____

Grounds _____

Applicant _____ Date _____

Return address

Social Services and Health Care Division
Oral health care
PO Box 6452
00099 CITY OF HELSINKI