



POWER OF ATTORNEY

Social services and health care division

This personalised power of attorney authorises the authorised person to use the electronic health care services on behalf of the undersigned person.

DETAILS OF THE CLIENT

Client's personal identity code
Client's last name and given names

DETAILS OF THE AUTHORISED PERSON (AGENT)

Authorised person's last name and given names	
Authorised person's personal identity code	Authorised person's telephone number

This power of attorney is valid until further notice.

This power of attorney is valid until _____._____.

Date	Client's signature and name in capitals
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