

POWER OF ATTORNEY FOR ACTING ON BEHALF OF ANOTHER PERSON AT ORTON

With this Power of Attorney I,

Client's name: _____

Personal identity code: _____

Address: _____

Phone number: _____

Name of Grantee: _____

Personal identity code: _____

Address: _____

Phone number: _____

Guardian Legal guardian Next of kin Other: _____
authorize to manage healthcare affairs on my behalf at Orton.

This Power of Attorney applies to the following services (please specify the services in detail):

This Power of Attorney is valid: (choose one option)

until further notice

temporarily until ____ / ____ / ____.

I am aware that I may revoke this Power of Attorney if I so wish by notifying Orton accordingly in writing. I am also aware that in connection with the appointment, the person I designate as Grantee in the Power of Attorney may provide information that is classified as patient information, such as the reason for the appointment and provide preliminary information regarding the appointment.

The information in the Power of Attorney is stored in Orton Oy's patient register.
Deliver the Power of Attorney to Orton. Bring a photo ID or passport with you.

Place and date: _____

Signature of Grantor: _____

Printed name of the Grantor of the Power of Attorney:
