



Request for removal of a representative of a patient record

Please use a separate document for legal representatives (www.post-sanela.ch)

Details of the patient in whose patient record the representative should be removed:

Surname*:	<input type="text"/>
First name*:	<input type="text"/>
Date of birth*:	<input type="text"/>
Gender*: (male/female/other)	<input type="text"/>
Street*:	<input type="text"/>
Postcode and place of residence*:	<input type="text"/>
Country*:	<input type="text"/>
Email address*:	<input type="text"/>
Mobile phone number*:	<input type="text"/>

Details of representative to be removed:

Surname*:	<input type="text"/>
First name*:	<input type="text"/>
Date of birth*:	<input type="text"/>
Gender*: (male/female/other)	<input type="text"/>
Street*:	<input type="text"/>
Postcode and place of residence*:	<input type="text"/>
Country*:	<input type="text"/>
Email address*:	<input type="text"/>
Mobile phone number*:	<input type="text"/>

* Required field



Confirmation of removal of a representative

By signing this document, I agree that the above-mentioned representative be removed from the EPR.

Date:

Signature of patient or representative:

Required documents:

- Copy of patient's or representative's official ID

Send to: Post Sanela Ltd, Sanela reference community, Pfingstweidstrasse 60b, 8005 Zurich

To be completed by the central services of the reference community:

Request to remove the representative received:	Date / initials
Form has been checked:	Date / initials
Representative removed (PADM, date, signature):	Date / initials