

Notification about switching health centres within Espoo

If you are a client at an Espoo health station and want to start using another health centre in Espoo, please follow these steps.

Print out and complete this form. Please indicate your current health centre and the new health centre you have chosen by ticking the box. Deliver the form to the new health centre of your choice. Complete separate forms for each family member switching health care providers. An underage child's notification must be signed by both parents/guardians.

You can start using the new health centre's services after delivering the notification to the new health centre. If you send the notifications by post, you can start using the new health centre's services two weeks after sending them.

After the switch, your new health station will provide you with doctor's and nurse's services, prescription renewals, care equipment distribution and urgent care from 8 am to 4 pm on weekdays.

Last name _____

First names _____

Personal identity code _____

Telephone _____

Street address _____

Postal code _____ City _____

E-mail address _____

Choose your health centre (please turn over):

Tick the box of your current health centre	Tick the box of the new health centre you have chosen
<input type="checkbox"/> Espoonlahti Health Centre <i>Merikansantie 4</i> <input type="checkbox"/> Iso Omena Health Centre (prev. Matinkylä Health Centre), <i>Suomenlahdentie 1, Service Centre</i> <input type="checkbox"/> Kalajärvi Health Centre <i>Ruskaniitty 4</i> <input type="checkbox"/> Kilo Health Centre <i>Trillakatu 5</i> <input type="checkbox"/> Kivenlahti Health Centre <i>Meriusva 3</i> <input type="checkbox"/> Leppävaara Health Centre <i>Konstaapelinkatu 2</i> <input type="checkbox"/> Samaria Health Centre <i>Terveyskuja 2</i> <input type="checkbox"/> Tapiola Health Centre <i>Ahertajantie 2</i> <input type="checkbox"/> Viherlaakso Health Centre <i>Kievarinpolku 1</i> <input type="checkbox"/> Oma Lääkärisi Espoontori <i>Kamreerintie 7</i> <input type="checkbox"/> Oma Lääkärisi Matinkylä <i>Piispanportti 10 A</i>	<input type="checkbox"/> Espoonlahti Health Centre <i>Merikansantie 4, P.O.Box 2400, 02070 City of Espoo</i> <input type="checkbox"/> Iso Omena Health Centre <i>Suomenlahdentie 1, Service Centre, P.O.Box 2307, 02070 City of Espoo</i> <input type="checkbox"/> Kalajärvi Health Centre <i>Ruskaniitty 4, P.O.Box 2515, 02070 City of Espoo</i> <input type="checkbox"/> Kilo Health Centre <i>Trillakatu 5, P.O.Box 2126, 02070 City of Espoo</i> <input type="checkbox"/> Kivenlahti Health Centre <i>Meriusva 3, P.O.Box 2410, 02070 City of Espoo</i> <input type="checkbox"/> Leppävaara Health Centre <i>Konstaapelinkatu 2, P.O.Box 2119, 02070 City of Espoo</i> <input type="checkbox"/> Samaria Health Centre <i>Terveyskuja 2, P.O.Box 2516, 02070 City of Espoo</i> <input type="checkbox"/> Tapiola Health Centre <i>Ahertajantie 2, P.O.Box 2214, 02070 City of Espoo</i> <input type="checkbox"/> Viherlaakso Health Centre <i>Kievarinpolku 1, P.O.Box 2118, 02070 City of Espoo</i> <input type="checkbox"/> Oma Lääkärisi Espoontori <i>Kamreerintie 7, P.O.Box 2543, 02070 City of Espoo</i> <input type="checkbox"/> Oma Lääkärisi Matinkylä <i>Piispanportti 10 A, P.O.Box 2312, 02070 City of Espoo</i>

Place and date _____

Signature and name in block letters_____
Signature and name in block letters