

NB! This is a specimen.

To sign up with a General Practitioner you have to fill out and submit an application in Estonian language.

Application for being entered in the practice list of a family physician

Name of the family physician

My name

Personal identification code

Address of residence according to the Estonian population register

.....

My contact details (phone, residence)

Please enter me in your practice list.

My previous family physician was

The following persons in the practice list of the family physician are my close relatives or relatives by marriage:

.....

(name, personal identification code, degree of relationship)

(fill in, if you are choosing a family physician that services a practice list that includes more than 2,000 persons)

I am choosing a practice list (*mark X on the correct line*):

- for the first time
- I am changing my practice list

Signature

Date

Filled in by the family physician:

- I agree

- I refuse
Reason for refusal

Name of the family physician

Signature of the family physician

Date