

PROXY FOR AN ESTATE

Proxy for	Case
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The above person is authorised as the estate's proxy to Svenska läkemedelsförsäkringen AB and may represent the estate and otherwise take all measures necessary regarding the medication-related injury claim for:

Name	Swedish personal identification number (yyyymmdd-nnnn)
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This authorisation also includes the right to access medical records, medical certificates and journals.

AUTHORISED PERSON (PROXY)

First name and surname	Phone (including area code)
Address (street, box, or similar)	Post code and town

AUTHORISER (ESTATE OWNERS)

Authoriser's signature	Place and date
Print name	Swedish personal identification number (yyyymmdd-nnnn)

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