

## PROXY REPRESENTATIVE

Proxy for	Case
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The above person is authorised as my proxy for Svenska läkemedelsförsäkringen AB and may otherwise take all measures necessary regarding my (authoriser/the claimant) medication-related injury claim in the above-stated case.

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