

	Unsubscribe form General practice de Greev'		
	Grevelingenstraat 10 3522 PR Utrecht 030 - 288 15 07		

Dear reader,

If you move to another place of residence or if you choose a different GP, it is important that your medical file is transferred to your new GP. To make the unsubscribe easy, we ask you to fill in this form carefully. According to the guidelines of the medical organization (KNMG), every family member from the age of 12 must give their own consent. For children under 12 years of age, the parents/guardian can give permission.

*Required

Facts			
Reason for unsubscribe*	<input type="radio"/> Moving to another postcode area <input type="radio"/> Not satisfied with the GP de Greev' <input type="radio"/> Moving to another healthcare institution		
Surname*		Initial(s)*	
First name			
Date of birth*			
Address*		House number*	
Zip code*		City*	
E-mail address*			
I give permission to transfer my medical data to my new general practitioner*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of unsubscribe			

Information new general practice			
Name*			
Address*		House number	
Zip code		City*	
Telephone number			

Facts	Surname*	Initial(s)*	Date of birth*	I give permission to transfer my medical data to my new general practitioner*	
Family member 1				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family member 2				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family member 3				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family member 4				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family member 5				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family member 6				<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If you want to unsubscribe more than 6 people, you must fill in a second form

Administration Huisartsenpraktijk de Greev', Grevelingenstraat 10, 3522 PR Utrecht
 mw. Y. Roestenburg (present Monday, Tuesday, Thursday from 8.00-16.30 o'clock)
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