Sotsiaalministri 7. detsembri 2012. a määrus nr 47
„Perearsti nimistu moodustamise, muutmise ja võrdlemise
alused ja kord ning perearsti nimistute piirarv"
Lisa 2

Application for registration on 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 ....

Contact information (phone, address) ....

Please register me on the practice list.

My previous family physician was ....

Close relatives or relatives by marriage that are on the practice list of the family physician:

....

(name, personal identification code, degree of affinity)

(note if the chosen family physician has more than 2,000 persons on their practice list)

I am choosing a practice list *(note X on the right line)*:

- for the first time ....
- to change my practice list ....

Signature ....

Date ....

<u>Filled in by the family physician:</u>

- I agree ....
- I decline ....
  Reason for declining ....

Name of the family physician ....

Signature of the family physician ....

Date ....