Power of attorney

Case number: _____

_____

Name of claimant (patient) in capital letters

hereby gives

_____

Name of proxy in capital letters

_____

National ID number of proxy

_____

Address

_____

Phone number(s)

power of attorney to represent me in connection with an application for compensation from the Norwegian System of Patient Injury Compensation (NPE), and in the event of any appeal to the Patients' Injury Compensation Board (National Office for Health Service Appeals).

The power of attorney means that the proxy will receive all letters, e-mails, etc. in the case. The power of attorney gives the proxy the right to access all documents in the case, including health and financial information. The proxy may reach decisions concerning all matters pertaining to the case.

_____ _____

Place and date Claimant's (patient's) signature

Postal address:
Postboks 232 Skøyen
0213 Oslo

Visiting address:
Middelthuns gate 29
0368 Oslo

Telephone: 22 99 45 00
E-mail: npepost@npe.no
Website: npe.no

Organisation number:
984 936 923