



UNSUBSCRIBE FORM

If you move to a different place of residence, it is important that your medical file 'moves' to your new doctor. By filling in this form you ask us to send your medical file to your new doctor. You will then automatically be deregistered in our practice. The guideline of the KNMG doctors' organization is that, from the age of 12, every family member must give his own consent. Parents / guardians must give permission for children under 12 years of age.

Undersigned:

Name _____ m/f

Initials _____

Date of birth _____

Citizen service number _____

Old address _____

New address _____

and place _____

requests deregistration from practice. He / she requests that his / her medical file be sent to:

New doctor / practice _____

Address and place _____

Terneuzen, date _____

Name and signature

Parent / guardian and signature (if applicable)
