

### 1. DONOR'S DETAILS

First name and last name

Personal identity code

Phone number

### 2. ATTORNEY'S DETAILS:

First name and last name

Personal identity code

Phone number

Address

Postal code

Town

### 3. CONTENT OF THE AUTHORISATION

- The attorney is authorised to take care of my appointment-related matters with Hammas Hohde Oy (cancelling and making appointments).

### 4. VALIDITY OF THE POWER OF ATTORNEY

- This power of attorney is valid until further notice.
- This power of attorney is valid until \_\_\_\_\_.

### 5. DONOR'S SIGNATURE

Place and date

Signature and name in block letters

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### 6. 6. POWER OF ATTORNEY DELIVERED (to be filled in by recipient):

Name of verifier

Clinic