



**REVOCATION of the designated REPRESENTATIVE**

Law of 6 February 2024 amending the Law on Patients' Rights 22 August 2002

I, the undersigned, ..... (first name and surname), hereby revoke the designation on ...../...../.....(date) of the person below as representative.

• **Personal details of the representative whose designation was revoked :**

- First name and surname: .....
- address:.....
- phone number: ..... date of birth:.....

Drawn up in ..... on (date).....

***Patient signature***

**Recommendation:** All persons who received the designation as representative shall best be informed of this revocation.