



**Withdrawal of the designated REPRESENTATIVE  
for the purposes of representing the patient  
Law of 22 August 2002 on Patients' Rights (Art. 14, § 1)**

I, the undersigned, ..... (patient's first name and surname), hereby withdraw the designation on ...../...../..... of the person stated below as representative

▪ Personal details of the representative whose designation is withdrawn:

- First name and surname:
- address:
- telephone number:
- date of birth:

Drawn up in ....., on (date) ..... - Patient's signature:

Recommendation: It is advisable that all persons who received the representative's designation be notified of this withdrawal.