

Promissory note Aids. Health care Region Gävleborg

Lender/prescriber	Borrower
Name	National registration number
Occupation	Name
Workplace	
Address	
Postal address	
Tel. no (including area code)	

I have today borrowed the following aid devices

Sesam number	Number	Aids	ID number

Fixed-term loan – the aid is returned by (date)

I have read and understood the terms of the loan	
Place	Date
Signature of the borrower or custodial parent/guardian/ombudsman/agent under a proxy/specially appointed trustee	