

Engelska

.....Date (datum)

Dear parent of

.....
(Child's name and civic ID number) (barnets namn och personnummer)

Your child had an appointment at the
paediatric medical centre (*barnvårdscentralen*) (name of BVC) (namn på BVC)

on.....but did not attend, and you did not cancel
the appointment.

All children have a right to paediatric healthcare according to the UN
Convention on the Rights of the Child and the Swedish
Health and Medical Services Act.

For this reason, we request that you contact us as soon as
possible so that we can determine how your child will
receive his/her paediatric healthcare. If you are attending a
different medical centre, we need to know this because we
are otherwise required to offer health visits.

Kind regards,

.....
Paediatric nurse/doctor (BHV-sjuksköterska/-läkare)

Contact details for medical centre (Kontaktuppgifter till BVC)