



Request date:

Patient's family name (also previous names)		Patient's first names:		Patient's personal identity code:	
We request: <input type="checkbox"/> a copy of the entire patient record <input type="checkbox"/> a copy of the epicrisis <input type="checkbox"/> a copy of laboratory results <input type="checkbox"/> a copy of X-ray examination statements <input type="checkbox"/> a copy of X-ray images <input type="checkbox"/> a copy of information on medication <input type="checkbox"/> a copy of other information, which (please fill in below):					
Place/s of care from which copies are requested (= request recipient):					
Year/s from which copies are requested:					
Attending physician/s:					
Attending physician in prison:					
Requester's telephone number (including area code):					
Date:	Requester's signature		Name in block capitals:	Requester's professional title:	
I consent to having copies of information on my health sent to the address given below.					
Date:	Patient's signature		Name in block capitals		
The patient does not have a right to prohibit the disclosure of information in situations where services are outsourced (Parliamentary Ombudsman, register no 3109/4/11). We kindly request that you provide us with a patient discharge summary, including any instructions for further treatment. <input type="checkbox"/>					
Please fax copies of the cited person's health documents to the unit of the Health care services for prisoners <input type="checkbox"/> to the number _____ or <input type="checkbox"/> mail them to the address Health care services for prisoners unit (VTH) Name of prison: Address: Zip code and town:					