VÄSTRA GÖTALANDSREGIONEN

MEDICAL RECORDS REQUEST

By next of kin, legal guardian etc

PATIENT DATA & REQUESTED DOCUMENTS

Name	
Date of birth/Swedish identity number	**Patient deceased** ☐ Yes ☐ No

Önskar handlingar från följande sjukhus

☐ Norra Älvsborgs Länssjukhus (NÄL) ☐ Uddevalla hospital

☐ Lysekils hospital ☐ Strömstads hospital ☐ Dalslands hospital

Department / clinic	**Year / date**

Do you want your patient record (doctors notes) or other documents. Please specify which documents below.

In accordance with Avgiftsförordningen (1992:191), the first 1–9 copies are free of charge. The fee for 10 pages of medical record copies is 50 Swedish crowns. For each additional page, the fee is 2 Swedish crowns, with a maximum fee of 300 Swedish crowns.

REQUESTED BY

Name	**Date of birth/Swedish identety number**
Relation to patient	
Address	
Postcode	**Town / City**
Telephone number	
Signature	

POWER OF ATTORNEY

Through the authorisation below, the patient grants the requestor permission to request a copy of the patient's medical record. The authorisation applies solely to this specific request.

Signature	**Printed name**
Date	**Date of birth/Swedish identity number**

Postal address NU-sjukvården Journalarkivet, Plan 01 Uddevalla sjukhus 451 80 Uddevalla	**How would you like your medical records to be delivered to you?** ☐ By post to home adress ☐ Collect the medical records at Uddevalla hospital. You will be contacted when your matter is concluded ☐ By registrered post for you to collect at post collecting location (PostNord fees will be added)

ADDRESS	**TELEPHONE**	**HOME PAGE**
NU-sjukvården Journalarkivet, plan 01 Uddevalla sjukhus 451 80 Uddevalla	010- 435 65 99 09:30-11:15 CET	www.nusjukvarden.se