

**PATIENT DATA & REQUESTED DOCUMENTS**

<b>Name</b>	
<b>Date of birth/Swedish identity number</b>	<b>Patient deceased</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Önskar handlingar från följande sjukhus</b>	
<input type="checkbox"/> Norra Älvsborgs Länssjukhus (NÄL)	<input type="checkbox"/> Uddevalla hospital
<input type="checkbox"/> Lysekils hospital	<input type="checkbox"/> Strömstads hospital <input type="checkbox"/> Dalslands hospital
<b>Department / clinic</b>	<b>Year / date</b>
<b>Do you want your patient record (doctors notes) or other documents. Please specify which documents below.</b>	

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**

<b>Name</b>	<b>Date of birth/Swedish identity number</b>
<b>Relation to patient</b>	
<b>Address</b>	
<b>Postcode</b>	<b>Town / City</b>
<b>Telephone number</b>	
<b>Signature</b>	

**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.	
<b>Signature</b>	<b>Printed name</b>
<b>Date</b>	<b>Date of birth/Swedish identity number</b>

<b>Postal address</b> NU-sjukvården Journalarkivet, Plan 01 Uddevalla sjukhus 451 80 Uddevalla	<b>How would you like your medical records to be delivered to you?</b> <input type="checkbox"/> By post to home address <input type="checkbox"/> Collect the medical records at Uddevalla hospital. You will be contacted when your matter is concluded <input type="checkbox"/> By registered post for you to collect at post collecting location (PostNord fees will be added)
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<b>ADDRESS</b> NU-sjukvården Journalarkivet, plan 01 Uddevalla sjukhus 451 80 Uddevalla	<b>TELEPHONE</b> 010- 435 65 99 09:30-11:30 CET	<b>HOME PAGE</b> www.nusjukvarden.se
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