

MEDICAL RECORDS REQUEST

From own medical records

PATIENT DATA

Name		Date of birth / Swedish identity number
Address		
Postcode	Town / City	
Telephone number		

REQUESTED DOCUMENTS

Request documents from the following hospitals	
<input type="checkbox"/> Norra Älvsborgs Länssjukhus (NÄL)	<input type="checkbox"/> Uddevalla hospital
<input type="checkbox"/> Lysekil hospital	<input type="checkbox"/> Strömstad hospital
<input type="checkbox"/> Dalsland 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.

SIGNATURE

Date	Signature
Printed name	

Postal address NU-sjukvården Journalarkivet, Plan 01 Uddevalla sjukhus 451 80 Uddevalla	How would you like your medical records to be delivered to you? <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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ADDRESS NU-sjukvården Journalarkivet, plan 01 Uddevalla sjukhus 451 80 Uddevalla	TELEPHONE 010- 435 65 99 09:30-11:30 CET	HOME PAGE www.nusjukvarden.se
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