

Request for copies of medical records from own journal

(ver. 2.0)

PATIENT DATA

Name:		Personal identity number:	
Street name & no:			
Post code:		Town / city:	
Telephone number (daytime):		Mobile phone number:	

REQUESTED DOCUMENTS

Request for documents from following hospitals:			
Sahlgrenska hospital	Mölndal's hospital	Östra hospital	Högsbo hospital
Department / clinic:		Dates: (years)	
Other information (Doctor's name, name/number of ward etc.):			
Requested documents:			
Medical record	X-ray treatment report	Lab report	Others: _____

*The first 10 pages are free of charge, thereafter a fixed charge of 50 SEK + 2 SEK per page
(maximum fee 300 SEK).Cash on delivery plus postal charges.*

SIGNATURE

Date:	Signature:
Printed name:	

Send request to: Sahlgrenska Universitetssjukhuset
Arkiv och informationsstruktur, journalbeställning
413 45 Göteborg

Telephone: Direct +46 (0)31 343 91 00 Fax +46 (0)31 25 51 63
Visiting address: Torggatan 5, 431 35 Mölndal
Visiting hours: Weekdays 09:00–11:00
as well Monday, Wednesday, Thursday and Friday 13:00–14:00