REQUEST FOR COPIES OF HEALTH DOCUMENTATION

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First name and last name:		Address:	
ID card:			
Date of birth:		Phone:	
E-mail			

Relation to patient (when patient is not applicant): _____

First name and last name:		Address:	
ID card:			
Date of birth:		Phone:	
E-mail			

I am ordering copies of written exam | images (circle) from medical documentation:

	Examination:	Date:
1.		
2.		
3.		

The documentation will be prepared within 5 working days from the date of the request.
The payer of copies is the requester of the desired documentation.

Copies prepared by:	Written exam	Images
First name and last name:		
Signature:		
Date:		

Copies collected by:	Written exam	Images
First name and last name:		
Signature:		
Date:		

☐ I am allowing transfer of my (patients) personal data to third countries (in case of e-mailing or using online services (wetransfer etc) to transfer exam images to a specific location. *GDPR*.

Place and date: _____ Signature: _____