

Vastaanotettu/Received / 20

Patient's last, middle and first names (also previous names)		Personal identity code
Requested patient register data		
<input type="checkbox"/> copies of patient documents <input type="checkbox"/> copies of laboratory results <input type="checkbox"/> copies of medical imaging reports (X-Ray, MRI etc.)* <input type="checkbox"/> other, what		
The locality whose health care unit data is required		
The health care unit (hospital / health care centre) the data is required from		
The period of time the data is required from / other specifications (e.g. reason for care)		
The name of the requester		Telephone number
The delivery address		
<input type="checkbox"/> I use Suomi.fi e-Service and want copies to be delivered there electronically		
Date . .20	The patient's or his/her guardian's signature and print name	

The signed form is to be delivered to the registry of the Wellbeing Services county of Southwest Finland.

The request can be delivered by mail (address: Varsinais-Suomen hyvinvointialue/kirjaamo, PL 52, 20521 Turku). A free-form request can also be sent electronically via Suomi.fi Messages. (Instructions for e-Service can be found on our homepage (<http://www.vsshp.fi/en/yhteystiedot/Pages/kirjaamot.aspx>.)

*) X-Ray images and other imaging files are ordered from Image Web Services, tel +358 2 313 3633, <https://www.vsshp.fi/fi/toimipaikat/tyks/t11/radiologia/Sivut/kuvaverkkopalvelut.asp>