ORTON
Sinun hoitoosi erikoistunut

Form updated April 2024

PERMISSION TO OBTAIN AND SHARE MEDICAL RECORDS (INCLUDING IMAGING DATA)

Client's name:
Personal identity code:

I give Orton Oy permission to <u>obtain</u> my medical records necessary for organizing my treatment:

yes __
no __

Date:

Signature of client/
guardian:_____

Printed name: _____

I give Orton Oy permission to <u>share</u> my medical records with:

The provider handling my follow-up care: yes __ / no____
Referring physician: yes __ / no____
Another service provider; please specify:
Date:

Signature of client/guardian: _____

Printed name: _____

A permission provided by a client is only valid for a specific treatment entity. The form will be archived.

Submit the form to the medical staff, or
by mailing it in advance to: Orton Oy, Customer Service, Tenholantie 10, FI-00280 Helsinki
Securely via email: https://www.turvaposti.fi/viesti/ajanvaraus@orton.fi