

REQUEST FOR PATIENT DOCUMENTS

Recipient: Orton Oy, Customer Service, Tenholantie 10, FI-00280 Helsinki.

The request can also be submitted securely via the internet at:

<https://www.turvaposti.fi/viesti/ajanvaraus@orton.fi>

To be completed by the initiator of the patient document request

Patient's name:

Personal identity code:

Telephone:

Address:

Email:

I request the following information for my personal use:

- a copy of medical records, for time range:
- a copy of laboratory test results, for time range:
- a copy of X-ray examination reports, for time range:
- other; please specify:

Delivery of documents (select):

- by email (we will send via a secure connection)
- to be picked up from Orton
- to be mailed

Date and signature: _____

Print name:

Identity verified by Orton Oy:

Date and signature: _____

Printed name: