

Verified by (name): _____

PATIENT RECORD ORDER FROM MEHILÄINEN

Patient records are ord	lered from	
Mehiläinen clinic/area:		
Customer's information	n	
Customer's name:		Personal identity code:
If the ordered records please fill in the inform		
Guardian's name:		Personal identity code:
I declare that I am th	e guardian of the minor	
What is being ordered		
Patient record information (time of treatment, attending physician, other health care professional)		Imaging reports (date of imaging examination)
Laboratory test results (test date)		Other:
The information is	s requested to be sent to	
Name or name of health	care facility:	
Street address:		Postal code and city:
The customer will co	ollect the ordered patient red	cords from a Mehiläinen clinic:
Name of clinic:		
Date:	Customer's signature	:
Identity verified:		
Passport (issued by a	member state of the European E ed by a Finnish authority)	conomic Area (EEA), Switzerland, or an authority in San Marino)

Your patient records and examination results are also available in OmaMehiläinen.