

Request for a copy of the x-ray report and or pictures

Made in writing on this form and sent to:

 Unilabs Radiologi
 Kundtjänst
 Anderstorpsvägen 12
 171 54 Solna

The undersigned hereby requests a copy of the following documents from my journal:

- Medical report
 Pictures on CD/USB (Cost of 200 skr)

Examination date (yymmdd).....

Examination type and body part

Copies of your journal is normally sent to your population registration address within 14 days from registration of the form with Unilabs.

- I approve that the medical report is sent to my population registration address in Sweden.
 I want to pick up the copy of my journal at the clinic I was examined at (By appointment via phone 0771 40 77 20)

First and last name		Social security number
Address	Zip code	City
Phone number/Cell phone number		
Signature		City and date

Below is filled in by Unilabs.

- Patientens ID kontrollerad
 Blankett är inskickad till Unilabs AB. Unilabs AB har kontrollerat patientens ID

Vårdenhet	Datum
Underskrift	

För Unilabs anteckningar

Ankomstdatum:..... Enhet:.....

Begäran besvarades datum		Plats för scanningsetikett:	
Bilder	Utlåtande		
<input type="checkbox"/> Ja <input type="checkbox"/> Nej	<input type="checkbox"/> Ja <input type="checkbox"/> Nej		
Signatur och ev kommentar:			