
Request for copies of medical records

I would like to have copies of my medical records from Göteborgs IVF klinik/Gynekolog & FertilitetsCenter printed. My partner also needs to sign if the request also concerns his/her medical records. I am aware of that the fee of having copies of medical records printed is 150 SEK/copy if given to me at the clinic or 300 SEK/copy if sent by mail to an address in Sweden.

Name of patient	Social security number
Name of partner (if request involves partner)	Social security number

Approval of request for copies of medical records (for woman), signed by personnel at the clinic

Signature	Date
Printed name	

Approval of request for copies of medical records (for partner), signed by personnel at the clinic

Signature	Date
Printed name	

Please send this form by mail or e-mail to the clinic.

Copies of the medical records can be collected personally at the clinic, you need to verify your identity with valid identity card/pass port.

Please contact the clinic for an appointment.

If your partner's medical record is included, both of you have to verify your identities at the clinic.