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### Request for copies of medical records

I/we wish to have my/our medical records handed over from Göteborgs IVF klinik or Gynecolog&FertilitetsCenter Sweden.

If the request also includes the partner's medical record, also the partner must provide consent to the request below. Please note that a fee is charged for obtaining your medical records, which are sent digitally via Vårdrummet. The cost of getting your medical record (up to 5 pages) is SEK 175 per journal or (more than 5 pages) SEK 350 per journal.

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 to the clinic.