

Ordering Patient Documents from Finla Occupational Health

Name _____

Personal identification number _____

Phone number: _____

Are you ordering the documents for yourself? Yes No

If "No", for whom? _____

X	ORDERED DOCUMENTS	TIME PERIOD
	Patient information	
	Results of laboratory samples	
	Medical certificates	
	Other documents, which?	

Where you want the documents to be sent?

Your name / organization _____

Address _____

Zip-code and city _____

Patient gets the documents from the health station

Signature

Date and patient's signature

(The section below is filled at Finla by Finla employee)

I have checked the ID of the patient

	WHEN ORDERED		WHEN DELIVERED (if the patient gets the documents from the health station)
	Passport		Passport
	Driving license		Driving license
	Identity card (with a picture)		Identity card (with a picture)
	KELA-card (with a picture)		KELA-card (with a picture)

Signature and printed name
