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Request form for a copy personal medical records

aanvraag kopie medisch dossier

Please send your requests by e-mail to kmd@olvg.nl or by post to:

OLVG
Afdeling KMD/Interne Diensten
P.O.Box 95500
1090 HM Amsterdam

Attention! To deal with your request, we need (a copy of) your ID.

Applicants personal details

Surname: _____
Initials _____
O male O female

Date of birth: _____
Address: _____
Postal code and city/town: _____
Telephone: _____
E-mail: _____

Department(s) of requested record(s)

Department(s) _____

For which period? from _____ to _____ (month/year)

Please specify which part(s) of the record(s) is(are) required

- X-rays/MRI-scan, CT-scan
- Report on X-rays/MRI-scan, CT-scan
- Letter to the GP (huisarts)
- Surgical report
- Laboratory
- Other, namely _____

To collect the copy/copies

You will get an e-mail notifying that your information is ready for collection at the KMD-desk.

You will collect your information at the KMD-desk (Kopie Medisch Dossier/Copy medical File) at

- OLVG, location Oost or
- OLVG, location West

You want to receive your USB-stick by post.

You want to receive your printed copies by registered post?

You have to pay a special rate. KMD-desk will inform you of the amount.

Pay the amount by IBAN **NL28 ABNA 0232 5141 00** with subject:copy medical file mentioning your name and date of birth (BIC: ABNANL2A)

Signature

Signature of applicant

Signature of a minor patient of 12-16 years of age

Another person * other than yourself will pick up your copies

I hereby authorize:

Surname and initials: _____

male female

Address, postal code and city/town: _____

Signature of applicant _____

*

Please enclose a copy or your ID (passport, identitycard of driver's licence) and a copy of the authorised representative's ID

Oost
Oosterpark 9
1091 AC Amsterdam

West
Jan Tooropstraat 164
1061 AE Amsterdam

Spuistraat
Spuistraat 239 A
1012 VP Amsterdam

Onze Algemene Voorwaarden zijn van toepassing: www.olvg.nl/algemene-behandelvoorwaarden

Klacht of opmerking: www.olvg.nl/klacht

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