

The personal information form for an foreign patient
You must prove your identity by passport or by other identity card

The staff fills / Henkilökunta täyttää:

Henkilöllisyys tunnistettu Kyllä Ei

Täytetty lomake ja kopio passista ja Eurooppalaisesta sairasturvakuutuskortista toimitetaan asiakastoiimistoon!

Surname			
Forename			
Social security number		Language	
Address in the home country	Road/street		
	Postcode	Post office	Telephone
Home town			Home country
E-mail			How long you are going to be in Finland?
Address in Finland	Road/street		
	Postcode		Post office
Contact person in Finland	Name		Telephone number
	Address		E-mail
European nursing card / Certificate of Right to Care Benefits in Finland (Kela) Yes <input type="checkbox"/> No <input type="checkbox"/>			
(A copy for the customer offices is needed / Kopio asiakastoiimistoon tarvitaan!)			
Passport, id card, id-bankcard or driving license Yes <input type="checkbox"/> No <input type="checkbox"/>			
(A copy for the customer offices is needed / Kopio asiakastoiimistoon tarvitaan!)			

Date	Signature
____/____20__	_____