MEDICUS

- Spesialister i gynekologi og assistert befruktning

Medical release form

I hereby authorize Medicus to release my medical records and send it to the following recipient:

_____ (recipient)

Social security number (female): _____

Name (female): _____

Signature (female): _____

Social security number (partner): _____

Name (partner): _____

Signature (partner): _____

Date: _____

Place: _____

This form is returned to Medicus by post, delivered personally or uploaded through https://medicus.no/last-ned-eller-opp-skjema/