

## To order a copy of an image

With this form, you may request the transfer of your diagnostic images for any potential further examinations or order a copy of images from your imaging studies for your personal use.

If the person placing the request is someone other than the patient or the patient's legal guardian, an informal authorization letter signed by the patient must also be provided. You may submit the request by delivering this form to any Diagnostic Center radiology unit or by mailing it to the following address:

Diagnostic Center

Appointment booking and customer service for medical imaging

Tenholantie 10 H, PL 224, 00029 HUS

<b>Name</b>	<b>Personal identification number</b>
<b>Name of the requester, if other than the above (authorization required) or name of the guardian of a client under 15 years of age *</b>	
<b>Client's or guardians address</b> (delivery address *)	
<b>Date and signature</b>	<b>Telephone number</b>

\*) In joint custody cases where the child's home address according to the Population Register is not the same as the guardian's, who is requesting a copy of the child's patient records, a copy of the joint custody court order or agreement has to be enclosed with the patient records copy request. Otherwise, the patient records copy will be delivered to the child's home address according to the Population Register and it will be addressed to the child.

<b>Examination date</b>	<b>Examination</b>

**I request (tick the option you want and provide additional information if necessary):**

<input type="checkbox"/>	the transfer of my images from HUS to another healthcare provider **
<input type="checkbox"/>	my images on a DVD
<input type="checkbox"/>	USB copy of my images
<input type="checkbox"/>	the transfer of my images from another healthcare provider to HUS **

\*\* Write the name of the healthcare provider here if you are requesting the transfer of your images