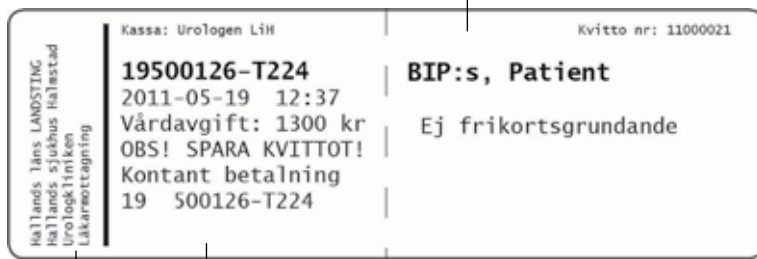


Receipt from Region Halland for outpatient care

Name of patient

"Ej frikortgrundande" - Full price for care



Location where care was received

Date of birth

Date of care or visit

Patient's fee (SEK)

"OBS! SPARA KVITTOT!" - Save the receipt!

Payment method:

"Kontant" - Cash

"Betalning med betalkort" - Creditcard or debit card

"Betalas via postgiro" - Invoice given

Date of birth

Verified by

Verified by:



Name of patient

Date of birth (Yr/Mo/Day/No).....

For how long have you treated the patient?

From to

Diagnosis (underline main diagnosis)

.....

.....

Symptoms?

.....

.....

When did the first symptoms appear or the accident occur?

.....

Has the patient previously suffered from the same or similar illness or injury?

.....

Any special circumstances which may have a bearing on the occurrence or progress of the patient 's condition (intoxication, other illness etc)?

.....

.....

Which instructions have you given the patient regarding:

- a) hospitalisation
- b) change of accommodation
- c) to stay indoors (for how many days?)

.....

.....

Place

Date

Physician

