HJÄLPBLANKETT - FRANSKA

PERSONUPPGIFTER - UTLÄNDSKA MEDBORGARE

REGION NORRBOTTEN

Skickas till:
Ekonomistöd
Box 511, 961 28 Boden
patientkontoret@norrbotten.se

REMPLIE PAR LES SOIGNANTS | FILLED IN BY CAREGIVERS

Sjukhusmottagning, avd / hälsocentral		
Besöksdatum	☑ Akut	☐ Planerat
Reservnummer	**Övrig information**	
Bifogar kopia på giltig handling	☐ Ja	☐ Nej

UTILISER DES LETTRES CAPITALES - USE CAPITAL LETTERS

REMPLI PAR LE PATIENT | FILLED IN BY PATIENT

**Nom du patient	Patient's name**	☐ Homme | Male ☐ Femme | Female
Numéro de Sécurité sociale | Social Security No	Pour les patients nordiques âgés de moins de 18 ans, un numéro de sécurité sociale complet du pays de résidence ainsi que le nom et la date de naissance du tuteur légal sont requis For nordic patient younger than 18 years, a full social security number from country of residence and name and date of birth of legal guardian is required	
Nom du tuteur légal | Legal Guardian's name		**Date de naissance | Date of Birth**
Adresse du pays de résidence | Address in country of residence		**Citoyenneté | Citizenship**
		Autres informations | Other information
Adresse en Suède | Address in Sweden		**Employeur et adresse | Employer and address**
Programme prévu pour votre séjour en Suède Planned schedule for your stay in Sweden **Du | From:** **Au | To:**		**E-mail | E-mail** **Numéro de téléphone | Cellphone number**

INFORMATIONS IMPORTANTES | IMPORTANT INFORMATION

Veuillez laisser une copie de votre carte UE/EHIC. (recto et verso) ou votre certificat provisoire de remplacement (CPR).

Please leave a copy of your EU-card/EHIC (both front and back) or your provisional Replacement Certificate (PRC). For more information go to http://ehic.europa.eu

Les patients nordiques doivent fournir une copie de leur pièce d'identité (recto et verso). Pour les enfants de moins de 18 ans qui n'ont pas de documents d'identité, les documents d'identité de l'adulte qui les accompagne doivent être fournis et le numéro de sécurité sociale complet du pays de résidence est exigé.

Nordic patients, please provide a copy of ID document (front and back). For children under the age of 18, who are without ID documents, ID documents for the accompanying adult is provided and full social security number from country of residence is required

Veuillez prendre une photo de votre carte UE/EHIC et d'autres documents pertinents à l'aide de votre téléphone portable et l'envoyer par courriel à **patientkontoret@norrbotten.se.**

Si vous ne fournissez pas les documents d'identité nécessaires, vous pouvez devenir personnellement responsable du paiement des services de soins reçus!

Please take a picture of your EU-card/EHIC, and similar relevant documents with your mobile phone and email to **patientkontoret@norrbotten.se.**

If you don't provide relevant ID-documents, you may become personally responsible for payment of received care services!

HJÄLPBLANKETT - ESTNISKA

PERSONUPPGIFTER - UTLÄNDSKA MEDBORGARE

REGION NORRBOTTEN

Skickas till:
Ekonomistöd
Box 511, 961 28 Boden
patientkontoret@norrbotten.se

TÄIDAB TERVISHOIUTÖÖTAJA | FILLED IN BY CAREGIVERS

Sjukhusmottagning, avd / hälsocentral		
Besöksdatum	☐ Akut	☐ Planerat
Reservnummer	**Övrig information**	
Bifogar kopia på giltig handling	☐ Ja	☐ Nej

KIRJUTADA SELGELT - USE CAPITAL LETTERS

TÄIDAB PATSIENT | FILLED IN BY PATIENT

Patsiendi nimi | Patient's name	☐ Mees | Male ☐ Naine | Female
Isikukood | Social Security No	Põhjamaade alla 18 aasta vanuste patsientide puhul on nõutav täielik koduriigi isikukood ning eestkostja nimi ja sünniaeg For nordic patient younger than 18 years, a full social security number from country of residence and name and date of birth of legal guardian is required
Eestkostja nimi | Legal Guardian's name	
Aadress koduriigis | Address in country of residence	**Kodakondsus | Citizenship**
	Muu | Other information
Aadress Rootsis | Address in Sweden	**Tööandja ja aadress |Employer and address**
Plaanitud Rootsis viibimise aeg Planned schedule for your stay in Sweden **Alates | From:** **Kuni**	**E-post | E-mail** **Mobiiltelefoni number | Cellphone number**

OLULINE TEAVE| IMPORTANT INFORMATION

Saatke koopia oma EL-i kaardist (nii esi- kui ka tagaküljest) või ajutisest tõendist EL-i kaardi omamise kohta

Please leave a copy of your EU-card/EHIC (both front and back) or your provisional Replacement Certificate (PRC). For more information go to http://ehic.europa.eu

Põhjamaade patsiendid saadavad oma isikut tõendava dokumendi koopia (esi- ja tagakülg). Alla 18-aastaste patsientide puhul, kellel puudub isikut tõendav dokument, saadetakse nii saatva täiskasvanu isikut tõendava dokumendi koopia kui ka koduriigi täielik isikuood.

Nordic patients, please provide a copy of ID document (front and back). For children under the age of 18, who are without ID documents, ID documents for the accompanying adult is provided and full social security number from country of residence is required

Palume pildistada oma EL-i kaart ja vastavad dokumendid ja tõendid mobiiltelefoniga ning saata e-posti aadressile **patientkontoret@norrbotten.se.**

Kui te ei saada asjakohaseid isikut tõendavaid dokumente, võidakse teilt isiklikult nõuda tasumist saadud hoolduse eest!

Please take a picture of your EU-card/EHIC, and similar relevant documents with your mobile phone and email to **patientkontoret@norrbotten.se.**

If you don't provide relevant ID-documents, you may become personally responsible for payment of received care services!

HJÄLPBLANKETT - UKRAINSKA

PERSONUPPGIFTER - UTLÄNDSKA MEDBORGARE

REGION NORRBOTTEN

Skickas till:
Ekonomistöd
Box 511, 961 28 Boden
patientkontoret@norrbotten.se

ЗАПОВНЮЄТЬСЯ МЕДИЧНИМИ ПРАЦІВНИКАМИ| FILLED IN BY CAREGIVERS

Sjukhusmottagning, avd / hälsocentral		
Besöksdatum	☑ Akut	☐ Planerat
Reservnummer	**Övrig information**	
Bifogar kopia på giltig handling	☐ Ja	☐ Nej

ВИКОРИСТОВУЙТЕ ВЕЛИКІ ЛІТЕРИ- USE CAPITAL LETTERS

ЗАПОВНЮЄТЬСЯ ПАЦІЄНТОМ| FILLED IN BY PATIENT

Ім'я пацієнта| Patient's name	☐ Чоловік	Male ☐ Жінка	Female
№ полісу соц. страхування| Social Security No	Для пацієнтів з країн Скандинавії молодше 18 років необхідний повний номер соціального страхування з країни проживання, а також ім'я та дата народження законного представника. For nordic patient younger than 18 years, a full social security number from country of residence and name and date of birth of legal guardian is required
Ім'я законного представника| Legal Guardian's name	**Дата народження| Date of Birth**
Адреса в країні проживання| Address in country of residence	**Громадянство| Citizenship**
	Інша інформація| Other information
**Адреса в Швеції	Address in Sweden**	**Роботодавець та його адреса	Employer and address**
Запланований графік перебування у Швеції Planned schedule for your stay in Sweden **З	From:** **По |To:**	**Електронна пошта| E-mail** **Номер мобільного телефону| Cellphone number**

ВАЖЛИВА ІНФОРМАЦІЯ| IMPORTANT INFORMATION

Будь ласка, залиште копію вашої картки ЄС/EHIC (лицьову та зворотну сторони) або тимчасового свідоцтва про заміну (PRC). **Please leave a copy of your EU-card/EHIC** (both front and back) or your provisional Replacement Certificate (PRC). For more information go to http://ehic.europa.eu	**Пацієнти з країн Скандинавії мають надати копію документа, що посвідчує особу (лицьова та зворотна сторони).** Для дітей віком до 18 років, які не мають документів, що посвідчують особу, необхідно надати документи, що посвідчують особу супроводжуючого дорослого, а також повний номер соціального страхування з країни проживання. **Nordic patients, please provide a copy of ID document (front and back).** For children under the age of 18, who are without ID documents, ID documents for the accompanying adult is provided and full social security number from country of residence is required

Будь ласка, сфотографуйте свою карту ЄС/ЄСІ та інші відповідні документи на мобільний телефон та надішліть на електронну пошту **patientkontoret@norrbotten.se.**

Якщо ви не надасте відповідні документи, що посвідчують особу, ви несете особисту відповідальність за оплату отриманих медичних послуг!

Please take a picture of your EU-card/EHIC, and similar relevant documents with your mobile phone and email to **patientkontoret@norrbotten.se.**

If you don't provide relevant ID-documents, you may become personally responsible for payment of received care services!

HJÄLPBLANKETT - SPANSKA

PERSONUPPGIFTER - UTLÄNDSKA MEDBORGARE

REGION NORRBOTTEN

Skickas till:
Ekonomistöd
Box 511, 961 28 Boden
patientkontoret@norrbotten.se

A CUMPLIMENTAR POR EL PROFESIONAL SANITARIO | FILLED IN BY CAREGIVERS

Sjukhusmottagning, avd / hälsocentral		
Besöksdatum	☑ Akut	☐ Planerat
Reservnummer	**Övrig information**	
Bifogar kopia på giltig handling	☐ Ja	☐ Nej

ESCRIBIR CON LETRAS MAYÚSCULAS - USE CAPITAL LETTERS

A CUMPLIMENTAR POR EL PACIENTE | FILLED IN BY PATIENT

Nombre del paciente | Patient's name	☐ Hombre | Male ☐ Mujer | Female
Número de identificación | Social Security No	En el caso de los pacientes nórdicos menores de 18 años, deberá facilitarse el nombre, la fecha de nacimiento y el número de identificación completo del país de origen de su tutor/a legal. For nordic patient younger than 18 years, a full social security number from country of residence and name and date of birth of legal guardian is required
Nombre del tutor/a legal | Legal Guardian's name	**Fecha de nacimiento | Date of Birth**
Dirección en el país de residencia | Address in country of residence	**Nacionalidad | Citizenship**
	Otros datos | Other information
Dirección en Suecia | Address in Sweden	**Empleador y su dirección |Employer and address**
Período de estancia previsto en Suecia Planned schedule for your stay in Sweden **Desde | From:** **Hasta |To:**	**Correo electrónico | E-mail** **Número de teléfono | Cellphone number**

INFOMACIÓN IMPORTANTE | IMPORTANT INFORMATION

Presente una copia de su tarjeta sanitaria europea (TSE) (anverso y reverso) o el Certificado Provisional Sustitutorio (CPS).

Please leave a copy of your EU-card/EHIC (both front and back) or your provisional Replacement Certificate (PRC). For more information go to http://ehic.europa.eu

Los pacientes nórdicos deberán presentar una copia de su documento de identidad (anverso y reverso). En el caso de los pacientes menores de 18 años que no dispongan de documento de identidad, deberá facilitarse una copia del documento de identidad del adulto acompañante y el número de identificación completo de su país de origen.
Nordic patients, please provide a copy of ID document (front and back). For children under the age of 18, who are without ID documents, ID documents for the accompanying adult is provided and full social security number from country of residence is required

Tome una fotografía de su tarjeta sanitaria europea y de cualquier otro documento o certificado similar con su teléfono móvil, y envíelos por correo electrónico a **patientkontoret@norrbotten.se.**
Si no presenta los documentos de identidad necesarios, podría tener que asumir personalmente el pago de los servicios sanitarios recibidos!

Please take a picture of your EU-card/EHIC, and similar relevant documents with your mobile phone and email to **patientkontoret@norrbotten.se.**
If you don't provide relevant ID-documents, you may become personally responsible for payment of received care services!

HJÄLPBLANKETT - FINSKA

PERSONUPPGIFTER - UTLÄNDSKA MEDBORGARE

REGION NORRBOTTEN

Skickas till:
Ekonomistöd
Box 511, 961 28 Boden
patientkontoret@norrbotten.se

HOITOHENKILÖKUNTA TÄYTTÄÄ | FILLED IN BY CAREGIVERS

Sjukhusmottagning, avd / hälsocentral		
Besöksdatum	☑ Akut	☐ Planerat
Reservnummer	**Övrig information**	
Bifogar kopia på giltig handling	☐ Ja	☐ Nej

TEKSTAA SELKEÄSTI - USE CAPITAL LETTERS

POTILAS TÄYTTÄÄ | FILLED IN BY PATIENT

Potilaan nimi | Patient's name	☐ Mies | Male ☐ Nainen | Female
Henkilötunnus | Social Security No	Pohjoismaiselta alle 18-vuotiaalta potilaalta vaaditaan täydellinen henkilötunnus kotimaassa sekä huoltajan nimi ja syntymäpäivä For nordic patient younger than 18 years, a full social security number from country of residence and name and date of birth of legal guardian is required
Huoltajan nimi | Legal Guardian's name	**Syntymäpäivä | Date of Birth**
Osoite kotimaassa | Address in country of residence	**Kansalaisuus | Citizenship**
	Tietoja | Other information
Osoite Ruotsissa | Address in Sweden	**Työnantaja ja osoite | Employer and address**
Suunniteltu oleskelujakso Ruotsissa Planned schedule for your stay in Sweden **Alk. | From:** **Asti | To:**	**Sähköposti | E-mail** **Matkapuhelinnumero | Cellphone number**

TÄRKEÄÄ TIETOA | IMPORTANT INFORMATION

Jättäkää kopio EU-kortistanne (edestä ja takaa) tai sen korvaavasta väliaikaisesta todistuksesta. **Please leave a copy of your EU-card/EHIC** (both front and back) or your provisional Replacement Certificate (PRC). For more information go to http://ehic.europa.eu	**Pohjoismaalaiset jättävät kopion henkilötodistuksesta (edestä ja takaa).** Alle 18-vuotiaiden, joilla sitä ei ole, mukana oleva aikuinen jättää kopion henkilötodistuksestaan sekä täydellisen henkilötunnuksen kotimaassa. **Nordic patients, please provide a copy of ID document (front and back).** For children under the age of 18, who are without ID documents, ID documents for the accompanying adult is provided and full social security number from country of residence is required

Ottakaa matkapuhelimella kuva EU-kortistanne ja vastaavista asiakirjoista ja todistuksista ja lähettäkää ne sähköpoistitse **patientkontoret@norrbotten.se.**

Jos et jätä asianmukaisia henkilötodistuksia, voit joutua maksamaan saamasi hoidon henkilökohtaisesti!

Please take a picture of your EU-card/EHIC, and similar relevant documents with your mobile phone and email to **patientkontoret@norrbotten.se.**

If you don't provide relevant ID-documents, you may become personally responsible for payment of received care services!

HJÄLPBLANKETT - TYSKA

PERSONUPPGIFTER - UTLÄNDSKA MEDBORGARE

REGION NORRBOTTEN

Skickas till:
Ekonomistöd
Box 511, 961 28 Boden
patientkontoret@norrbotten.se

AUSGEFÜLLT VON BETREUERN | FILLED IN BY CAREGIVERS

Sjukhusmottagning, avd / hälsocentral		
Besöksdatum	☑ Akut	☐ Planerat
Reservnummer	**Övrig information**	
Bifogar kopia på giltig handling	☐ Ja	☐ Nej

GROSSBUCHSTABEN VERWENDEN- USE CAPITAL LETTERS

AUSGEFÜLLT VOM PATIENTEN | FILLED IN BY PATIENT

Patientenname | Patient's name	☐ Männlich | Male ☐ Weiblich | Female
Sozialversicherungsnummer | Social Security No	Bei nordischen Patienten unter 18 Jahren ist eine vollständige Sozialversicherungsnummer aus dem Wohnsitzland sowie Name und Geburtsdatum des Erziehungsberechtigten erforderlich For nordic patient younger than 18 years, a full social security number from country of residence and name and date of birth of legal guardian is required
Name des gesetzlichen Vormunds | Legal Guardian's name	**Geburtsdatum | Date of Birth**
Adresse im Wohnsitzland | Address in country of residence	**Staatsbürgerschaft | Citizenship**
	Sonstige Angaben | Other information
Adresse in Schweden | Address in Sweden	**Arbeitgeber und Adresse |Employer and address**
Geplanter Zeitplan für Ihren Aufenthalt in Schweden Planned schedule for your stay in Sweden **Von | From:** **Bis |To:**	**E-mail| E-mail** **Mobiltelefonnummer | Cellphone number**

WICHTIGE INFORMATIONEN | IMPORTANT INFORMATION

Bitte hinterlassen Sie eine Kopie Ihrer EU-Karte/EHIC (sowohl vorne als auch hinten) oder Ihres vorläufigen Ersatzzertifikats (PRC).

Please leave a copy of your EU-card/EHIC (both front and back) or your provisional Replacement Certificate (PRC). For more information go to http://ehic.europa.eu

Nordische Patienten legen bitte eine Kopie des Personalausweises (Vorder- und Rückseite) vor. Für Kinder unter 18 Jahren, die keine Ausweisdokumente haben, werden Ausweisdokumente für den begleitenden Erwachsenen bereitgestellt und die vollständige Sozialversicherungsnummer aus dem Wohnsitzland wird benötigt.

Nordic patients, please provide a copy of ID document (front and back). For children under the age of 18, who are without ID documents, ID documents for the accompanying adult is provided and full social security number from country of residence is required

Bitte fotografieren Sie Ihre EU-Karte/EHIC und ähnliche relevante Dokumente mit Ihrem Mobiltelefon und senden Sie eine E-Mail an **patientkontoret@norrbotten.se.**

Wenn Sie die entsprechenden Ausweisdokumente nicht vorlegen, können Sie persönlich für die Bezahlung der erhaltenen Pflegeleistungen verantwortlich gemacht werden!

Please take a picture of your EU-card/EHIC, and similar relevant documents with your mobile phone and email to **patientkontoret@norrbotten.se.**

If you don't provide relevant ID-documents, you may become personally responsible for payment of received care services!

HJÄLPBLANKETT - ENGELSKA

PERSONUPPGIFTER - UTLÄNDSKA MEDBORGARE

REGION NORRBOTTEN

Skickas till:
Ekonomistöd
Box 511, 961 28 Boden
patientkontoret@norrbotten.se

FYLLS I AV VÅRDPERSONAL | FILLED IN BY CAREGIVERS

Sjukhusmottagning, avd / hälsocentral		
Besöksdatum	☑ Akut	☐ Planerat
Reservnummer	**Övrig information**	
Bifogar kopia på giltig handling	☐ Ja	☐ Nej

VÄNLIGEN TEXTA TYDLIGT - USE CAPITAL LETTERS

FYLLS I AV PATIENTEN | FILLED IN BY PATIENT

Patientens namn | Patient's name	☐ Man | Male ☐ Kvinna | Female
Personnummer | Social Security No	För nordisk patient under 18 år krävs fullständigt personnummer i hemlandet samt målsmans namn och födelsedatum For nordic patient younger than 18 years, a full social security number from country of residence and name and date of birth of legal guardian is required
Målsmans namn | Legal Guardian's name	**Födelsedatum | Date of Birth**
Adress i hemlandet | Address in country of residence	**Medborgarskap | Citizenship**
	Övrigt | Other information
Adress i Sverige | Address in Sweden	**Arbetsgivare och adress |Employer and address**
Planerad tidsperiod för vistelsen i Sverige Planned schedule for your stay in Sweden **Från | From:** **Till |To:**	**Mailadress | E-mail** **Mobiltelefonnummer | Cellphone number**

VIKTIG INFORMATION | IMPORTANT INFORMATION

Lämna en kopia på ert EU-kort (både fram- och baksida) eller ert provisoriska intyg om innehav av EU-kort | **Please leave a copy of your EU-card/EHIC** (both front and back) or your provisional Replacement Certificate (PRC). For more information go to http://ehic.europa.eu	**Nordiska patienter lämnar kopia på ID-handling (fram och baksida).** För patienter under 18 år som saknar ID-handling lämnas en kopia på ID-handling för medföljande vuxen samt fullständigt personnummer i hemlandet. **Nordic patients, please provide a copy of ID document (front and back).** For children under the age of 18, who are without ID documents, ID documents for the accompanying adult is provided and full social security number from country of residence is required

Vänligen fotografera ert EU-kort och motsvarande handlingar och intyg med er mobiltelefon och maila till **patientkontoret@norrbotten.se.**
Om du inte lämnar relevanta ID-handlingar, kan du bli personligen betalningsansvarig för mottagen vård!

Please take a picture of your EU-card/EHIC, and similar relevant documents with your mobile phone and email to **patientkontoret@norrbotten.se.**
If you don't provide relevant ID-documents, you may become personally responsible for payment of received care services!