

Information form before requesting planned treatment against a fee

National Contactpoint
The Patient Enquiries Office
in North Denmark Region

Please complete the application form below before requesting **planned treatment against a fee** at a public hospital in Denmark.

Niels Bohrs Vej 30
9220 Aalborg Øst
Tlf.: 97 64 80 10
weekdays 9 am. -12 pm.
patientkontor@rn.dk
www.rn.dk

Name	
Address and country	
Date of Birth:	
Nationality	
Regulation 883/2004 Member state of health insurance and social security	
European Health Insurance Card number	
Passport no.	
Doctor`s referral for hospital treatment	Yes___ No___
Expected diagnosis and treatment	
Preferred hospital for treatment	
Time of treatment	
Date and signature	

This Information form must be sent to:
patientkontor@rn.dk eller
Region Nordjylland
Niels Bohrs Vej 30
9220 Aalborg Ø

