STUDENT DOCTOR – APPOINTMENT REQUEST FORM

Please use CAPITAL LETTERS

Personal information

Name:
Date of birth (DDMMYY):
Address:
Phone number:
E-mail address:

Appointment request

Please note: If your health issue require urgent assessment – you need to call the Emergency Room, "Legevakt" at + 47 75 55 17 10.

Briefly describe the reason you need an appointment with the student doctor.

Is there any other information you believe the doctor should be aware of?

Date:_____ **Signature:_____**

*The medical service has a fee starting at NOK 170,- depending on the consultation. Read more at Helsenorge.no.