**Taotlus SA-le Tallinna Hambakliinik**

**terviseandmetega dokumendi saamiseks**

**Patsiendi andmed**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ees- ja perekonnanimi |  | | | | | | | | | | |
| Isikukood |  |  |  |  |  |  |  |  |  |  |  |
| Telefoninumber |  | | | | | | | | | | |
| E-posti aadress |  | | | | | | | | | | |

**Dokument, mille koopiat või väljavõtet soovitakse**

|  |  |  |
| --- | --- | --- |
|  | hambaravikaart |  |
|  |  | *vajadusel palun täpsustage kuupäev/kuupäevad* |
|  | röntgeniülesvõte |  |
|  |  | *panoraamröntgen / 1-2 hamba röntgenipilt / kolju külgülesvõte* |
|  | raviarve |  |
|  |  | *palun täpsustage visiidi kuupäev / visiitide kuupäevad* |
|  |  |  |
|  |  |  |

**Dokumendi väljastamine**

Palun väljastada minu terviseandmetega dokumendist koopia/väljavõte:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **minule** | | | | | | | | | | | | |  |  | |
|  |  | | | | | | | | | |  | | | | | | | |
|  | **minu esindajale:** | | | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | |
| Ees- ja perekonnanimi | |  | | | | | | | | | | | | | | | | |
| Isikukood | |  | |  | |  |  |  |  |  | |  |  | | |  | |  |
| E-posti aadress | |  | | | | | | | | | | | | | | | | |
| Esindusõigus\* | |  | | | | | | | | | | | | | | | | |
|  |  | | seaduslik esindaja (sünnitunnistus) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  |  | | kohtulahend (otsus, määrus vms) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  |  | | volikiri | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| *\*Esindusõiguse tõendamiseks palume esitada esindusõigust tõendav dokument* | | | | | | | | | | | | | | | | | | |
|  | üleandmisega kliinikus | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | saatmisega krüpteeritult e-postiaadressile | | | | | | | | | | | | | | | | | |

Kuupäev \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allkiri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Isikuandmete töötlemine toimub kliinikus kehtivate isikuandmete töötlemise nõuete alusel, mis on kättesaadav https://hambapol.ee/et/privaatsuspoliitika/***