



# Self-referral

Fill in the referral carefully and clearly, preferably via the computer and send it to us by mail or fax 08-31 09 25. Note! First save the self-referral on the computer. Then open it and fill in the data. It is also possible to write a letter with the information below and send to us.

To: Egenremiss  
Cityortopedi  
Crafoords väg 19  
113 24 Stockholm

The referral is assessed on the same terms as a referral from a house doctor and you will receive a summon for a doctor's appointment, or information about where you can turn to, by phone or mail.

Contact:  
[reception@cityortopedi.se](mailto:reception@cityortopedi.se)  
08-316002

Social Security number (YYYYMMDD-XXXX)	
Reserve number*	LMA number / EU card number
Name	
Address	
Area code	
Mobil phone number	Home phone number

\*For asylum seekers or foreign Swedes with foreign EU cards. Please attach the copy to front- and back.

I'm looking for: (Choose the most urgent option)

- Hip   
  Shoulder   
  Arm   
  Disability certificate (Attach the request from the Social Insurance Office)
- Leg   
  Knee   
  Foot   
  Hand   
  Other

Give a description of your problem

How long have you had this problem?

Have you previously sought care for your problem?

Where? What medical center/which hospital?
When?

Have you undergone X-ray for your current problem?

Where? What X-ray clinic?
When?

I admit that journal notes may be sent after:                       Yes     No

Today's date: