

**1. FROM WHICH UNIT IS THE INFORMATION REQUESTED?**

Hohde clinic:

**2. CUSTOMER'S DETAILS:**

Name

Personal Identity Code:

**3. WHAT INFORMATION IS REQUESTED?**

- Patient records of a single attending dentist / dental hygienist, name:
- X-rays, date:
- Imaging patient records, for the time period:
- All patient records, for the time period:
- All information about the requester (data subject access request in accordance with the GDPR)

**4. WHERE IS THE INFORMATION TO BE DELIVERED TO?**

- TO THE CUSTOMER'S HOME ADDRESS BY POST  
  
Customer's street address  Postal code:
- THE CUSTOMER WILL PICK UP THE INFORMATION FROM A HOHDE CLINIC  
Name of clinic:

**5. IDENTITY OF REQUESTER VERIFIED (to be filled in by recipient)**

Name of verifier:

Clinic

- Passport (issued by an authority of a Member State of the European Economic Area (EEA), Switzerland or San Marino)
- Driving licence (issued by a Finnish authority)
- Identity card with a photo (issued by a Finnish authority)