

Statement

(For hospitals, the statement must be completed by the manager who is responsible where the injury allegedly occurred. It must then be sent via the hospital's management to NPE)

Exempt from public disclosure; see
Section 13 of the Freedom of Information
Act and Section 13 of the Public
Administration Act

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Statement from the treatment centre where the patient injury occurred

Name of the treatment centre (for hospitals: name and department)

Patient's last name

Patient's first name

National identity number - 11 digits

Reason for admission/patient contact

1. Provide a description of what the patient was assessed/treated for, and what assessment/treatment was given. Enter the diagnosis code and treatment code.

Injury description (you can write more on the extra pages of the form)

2. Has the patient suffered an injury or complication as a result of the examination/treatment that he/she is appealing?

3. Provide a professional assessment of the treatment the patient has received. Has this been in line with good medical practice? Assess the diagnosis, basis for the treatment, execution, follow-up and the information that the patient has received.

In case of infection: How did the infection occur? Did the patient have conditions that increased the risk of infection?

4. If the treatment was not in line with good medical practice, what impact has this had on subsequent developments and the end result? Describe the significance of this.

5. Provide an assessment of any medical disability and whether the injury is permanent.

6. Has a non-conformity report or an injury report been prepared? If so, to whom? Please provide a copy of this.

Signature

Date	Name	Position

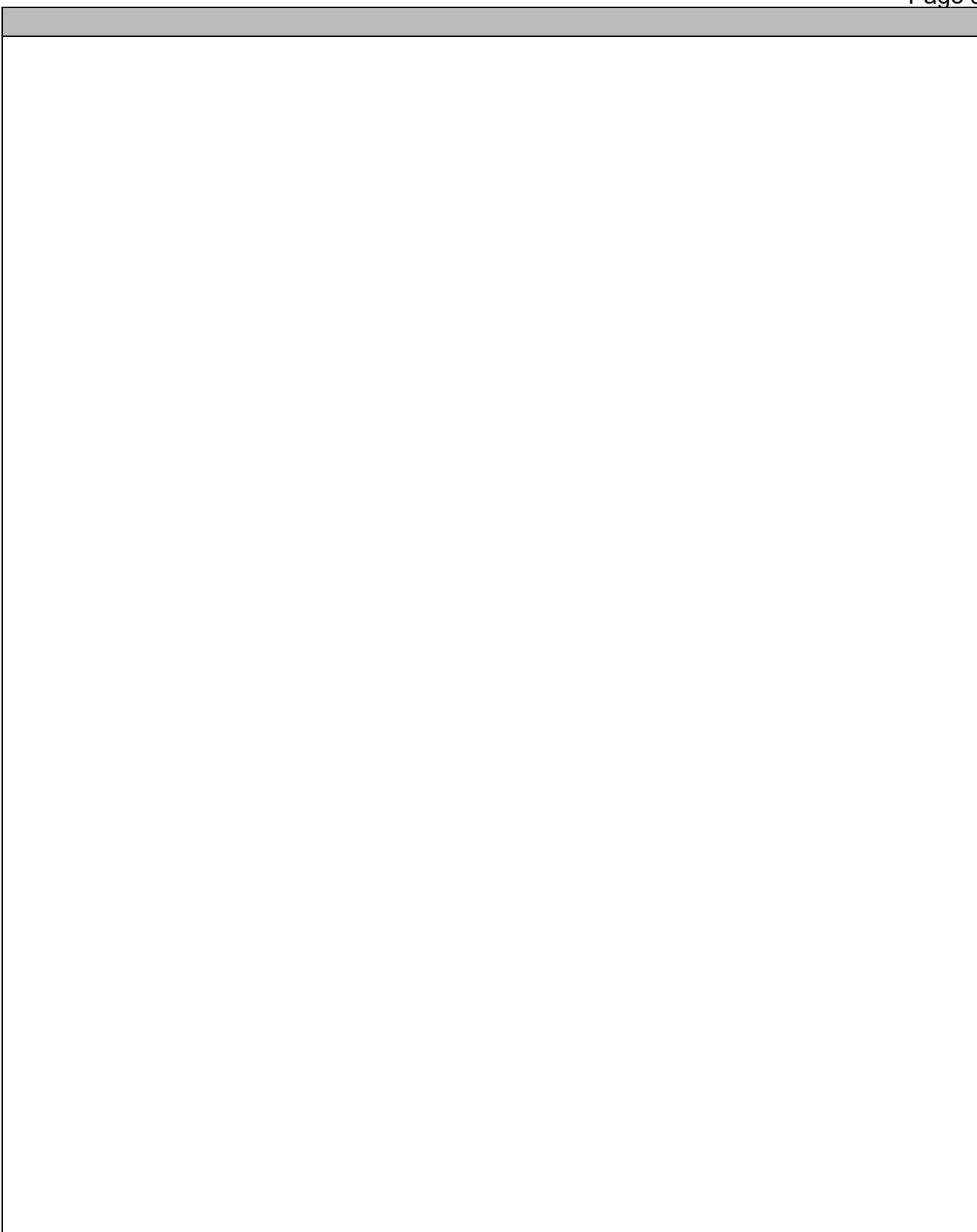
The completed form must be sent to NPE,

Postal address:
Postboks 232 Skøyen
0213 Oslo

Visiting address:
Middelthuns gate 29
0368 Oslo

Telephone: 22 99 45 00
Email: npepost@npe.no
Website: npe.no

Organisation number:
984 936 923

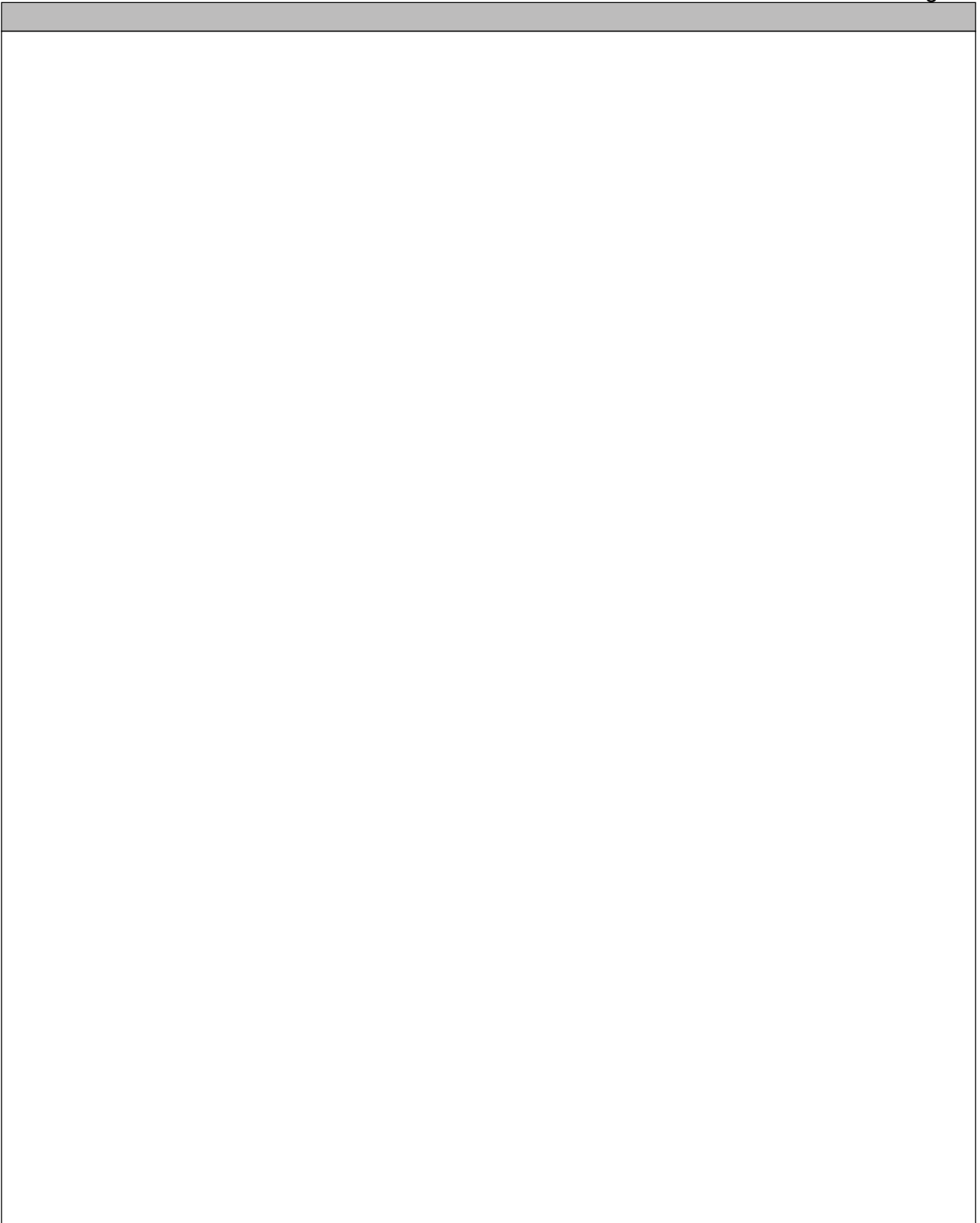


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