

CUSTOM-MADE DEVICE REQUEST FORM

PATIENT

First name:	
Last name:	
Social security number:	

Signature	Date
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Terms & Conditions Mercado Medic AB is required by law to collect and store your name and social security number and keep this data for at least 10 years from the delivery of the custom-made product. Other personal data is collected to assist in identifying risks. If no custom-made device could be delivered your personal information will be deleted. When 10 years have passed, you have the option to contact Mercado Medic to have your personal data deleted. By signing this document, you agree to the terms and conditions.

RESPONSIBLE HEALTH CARE PROFESSIONAL

First name:	
Last name:	
Workplace:	
Address:	
Phone number:	
Email:	

Signature	Date
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Terms & Conditions Mercado Medic AB is required by law to collect and store your name and contact details and keep this data for at least 10 years from the delivery of the custom-made product. If no custom-made device could be delivered your personal information will be deleted. When 10 years have passed, you have the option to contact Mercado Medic to have your personal data deleted. By signing this document, you agree to the terms and conditions as well as verifying that you are authorized by national law by virtue of your professional qualifications to make out this prescription.