FINNISH MUTUAL INSURANCE COMPANY FOR PHARMACEUTICAL INJURY INDEMNITIES

NOTICE OF PHARMACEUTICAL INJURY

The form should be filled out and returned to the Finnish Mutual Insurance Company for Pharmaceutical Injury Indemnities

Processing ID | Arrival date

1. INFORMATION ON THE INJURED PARTY

Surname and forenames (underline the most common forename) | Identity number

Address, line 1 (building, street, etc.) | Postal code and city

Daytime telephone (also dialling prefix) | E-mail address

Occupation | Name, address, and telephone of the employer

Name and address of the trustee of a minor

2. ILLNESS TREATED

What illness was treated? Description of the illness/disease/handicap

Was the reason for the illness, disease, or handicap

◯ a traffic accident? ◯ an occupational accident? ◯ another type of accident? Specify:

Another insurance institution, an office of the Social Insurance Institution of Finland (Kela), or an employees' sickness fund that has paid compensation for this injury (incl. foreign ones)

3. PHARMACEUTICAL

Pharmaceutical that caused the injury

Enclose a copy of the drug prescription or other, similar account from a chemist that shows information on the drug used (e.g., name, power, and Vnr number of the drug).

Name of the doctor and care institution prescribing the drug

When was the prescription issued (date)?

/ / For whom? ◯ for the injured party ◯ for another person

When was the drug bought for/by / given to the person (date)? | Where was the drug bought / handed over? | Name of the chemist or care institution

/ /

Was the drug prescribed by the doctor replaced with another one by the chemist? | When was use of the drug started? | When was use of the drug ended?

◯ NO ◯ YES / / / /

Did the doctor provide any additional instructions for use of the drug?

◯ NO ◯ YES. What instructions?

Have you deviated from the dosage instructions for the drug?

◯ NO ◯ YES. How did the dosage deviate from the instructions?

Have you used other drugs at the same time?

◯ NO ◯ YES. The following:

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4. PHARMACEUTICAL INJURY. How did the pharmaceutical injury become evident?

○ Continues in appendix

When did you contact the doctor for the first time

because of the pharmaceutical injury? Date: / /

Name and address of doctor / hospital / medical department

Other doctors, care institutions, or chemists able to provide further information on the pharmaceutical injury

5. SIGNATURE

I accept that the health and medical care operators, chemists, tax authorities, employers of injured parties, pension and insurance institutions, the Finnish Centre for Pensions, and other authorities may give, without restraint by privacy regulations, such information, documents, and resolutions related to the health of the user of the drug and the drug-user's or other claimant's indemnities, pensions, or salary to the Finnish Mutual Insurance Company for Pharmaceutical Injury Indemnities as are necessary for the settlement and compensation proceedings related to this injury matter.

Signature and printed name of the injured party (or trustee of a minor) or authorised agent (a power of attorney must be enclosed; a template is available at www.laakevahinko.fi).

Place: _____ Date: _____/_____20_____ _____

Signature and printed name