

# Request for a copy of personal data in the Swedish Arthroplasty Register

The request is sent to:

The Swedish Arthroplasty Register  
Centre of Registers Västra Götaland  
413 45 Göteborg

I request a copy of the information about me in the Swedish Arthroplasty Register.

First name:

Surname:

Personal number:

Date:

Signature:

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The copy will be sent to the address where you are registered.