



Espoon Keskuksen Fysioterapia

Information form for massage

Name: _____

Social Security Code (Finland): _____

Phone: _____

Address: _____

Postal code: _____ Area: _____

Email: _____

How did you find us?

- on the internet on Facebook via Entresse's advertisements
 heard from an acquaintance I knew the company already via OmaFysio

Describe the possible pains/aches or the reason for treatment:

Do you have any of the following?

- tumor hypertension cardiovascular disease pacemaker rheumatism
 other: _____

The given information will be saved to our patient register. The information will be handled only concerning the treatment. The information is under confidentiality and they will be given only based on the law or your permission. You have the right to check the information saved to the register.

Full price will be charged for **absence or cancellation** not made the day before the scheduled treatment.

Espoo ___/___ 20___

Signature