



**Ivan M. Grunnet**  
Speciallæge i gynækologi  
Skt. Anne Plads 2, 5000 Odense C. Tlf. 66 14 76 00. Ydernr. 244570  
Email: [klinikken@ivangrunnet.dk](mailto:klinikken@ivangrunnet.dk)  
[www.ivangrunnet.dk](http://www.ivangrunnet.dk)

## INFORMATION SHEET FOR THE DOCTOR

We kindly ask you, during your time of waiting, to fill out this sheet, which will provide us some necessary information. During the consultation, we will discuss the information you have provided.

Do you allow me to send a medical letter to your doctor regarding the results of the examination at our clinic?

Yes.... No.....

Do you allow me to retrieve information from other relevant treatments and procedures that might be helpful in this clinical case?

Yes... No.....

Signature.....

Person Number (CPR. Nr.):

Name:

E-mail:

It is required by law that I ask the above questions.

Have you in the last 6 months been exposed of MRSA infection?

Are you on any type of medicine on a regular basis?

What is it called and what is the strength and dosage?


Are you sensitive to any type of medicine?

What is the name of the medicine you are sensitive to?

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Have you been admitted to a hospital?

Please state the year, name of hospital and section.

What was the cause of your admission? What procedures were taken?

Please state any births also if you were not admitted to a hospital.


Dates of Menstruation.

On what dates has there been bleeding from the vagina, in the last 3 months.

From	To

THANK YOU FOR YOUR ANSWERS.

Ivan M. Grunnet, M.D. gynaecologist