Self-Referral to a Specialist Physician

Fill in the information below and send it to:

Quality Care
Riddargatan 16 Floor 3
114 51 Stockholm

We will then get back to you.

Age:

Full name:

E-mail:

Phone:

Reason for visit:

What symptoms, and for how long?

Previous illnesses:

Current medications:

If you wish to supplement your self-referral with medical records or statements, you can print and send them along with this form by post to us.