

Radiologische Gemeinschaftspraxis Korbach

Name: _____ DoB: _____

General practitioner: _____

Dear customer,

You are supposed to undergo an x-ray-examination.
We kindly ask you to answer the following questions:

Please check the appropriate:

1. Has there been an x-ray examination in the last 2 years?
yes _____ no _____

If so:

When?

Where?

Which part of the body?

2. Are you or could you be pregnant?
yes _____ no _____

If you have further questions, our doctor will be pleased to answer them.

I have no further questions and agree to the suggested examination .

Korbach, _____ signature: _____

Declaration of consent:

According to § 73 Abs.1b SGB V I hereby agree, that the results of my examination may be forwarded to those doctors who treat me and that Dres. Herrmann/Bartels/Hoenle are allowed to obtain medical informations from other medical professionalists.

Korbach, _____ signature: _____