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surname	
first given name	date of birth
street	
PLZ/ZIP, place of residence	
nationality	
family doctor	
E-mail address	
<p>We will receive some results only after several days. We will be happy to notify you of the result of smear and laboratory examinations in the event of inconspicuous findings by e-mail, fax or SMS. Of course, you will be personally informed of any relevant findings.</p> <p> <input type="checkbox"/> I do not want to receive reports by e-mail <input type="checkbox"/> I am interested in extended preventive care <input type="checkbox"/> I am not interested in extended preventive care <u>today</u> <input type="checkbox"/> I am <u>generally</u> not interested in extended preventive care <input type="checkbox"/> I don't want any recalls (reminder of upcoming appointments) <input type="checkbox"/> I do not want any information about additional services <input type="checkbox"/> I only want medication that is reimbursed by the basic insurance <input type="checkbox"/> I only want compulsory benefits, which are reimbursed by the basic insurance </p>	
private telephone	cellphone
profession	office telephone
health insurance / insurance:	Member no.
<input type="checkbox"/> social security office:	AHV no.
Please provide information on any additional and/or hospital insurances	
<input type="checkbox"/> additional insurance:	<input type="checkbox"/> no additional insurance
Hospital insurance:	
<input type="checkbox"/> also in the hospital general insurance	<input type="checkbox"/> private
<input type="checkbox"/> semi private	<input type="checkbox"/> self pay
<p>I hereby agree that I will be billed for the services I have provided in accordance with the applicable tariff and that my data will be forwarded to a trust center. With my signature, I release Dr. med. Grahlike for all information required for invoicing and collection of his professional secrecy. I authorize Dr. med. Grahlike also to request other physicians or hospitals files, as far as this is necessary for the treatment.</p>	
date	signature <small>digitally or later in practice</small>