



recording sheet

Surname: _____ First name: _____

Date of birth: _____ profession: _____

Mobile Phone: _____

E-mail: _____

Health insurance: _____

recommendation by: _____

preferred appointment: _____

- Yes, I agree that I will be offered an appointment with another doctor (Dr. Susanne Oberleitner , Dr- Dominique Geiger) in the practice to shorten the waiting time.

- Yes, I am interested in benefits outside my social health insurance.

reasons for current appointment: _____

last gynecological check: _____

it exists () pregnancy () prevention requirement () consultation

current topic:

prevention method since:

pregnancies and history:

diseases , surgery, accidents:

allergies, intolerances:

current medication:

diseases in the family:

Please return by Post/Fax 089/7460437 or E-Mail info@dr-macrandner.de

Place/date: _____ signature: _____