



We would like to ask for your cooperation -

Praxisgemeinschaft
AM ENGLISCHEN GARTEN

last name: _____ first name: _____ date of birth: _____

occupation: _____

residence, street: _____

home number: _____ mobile number: _____

office number: _____ e-mail: _____

name of health insurance: _____

additional private insurance for hospital: yes no

single room: yes no

double room: yes no

name of additional insurance: _____

general practitioner: _____

How you did note of our practice?

Who can we thank for the recommendation (friend, relative, doctor...)?

in case of found us on internet:

keywords/sites: _____

other: _____

We would be happy if you could create a patient-account on our website. That way, you are able to make an appointment online at all times of the day and night. You are also welcome to communicate with us compliant with the medical data protection laws via the appointment- and communication-programme. Furthermore, you may request your prescriptions (repeat prescriptions only!) and results online or send any other privileged information.

We will gladly remind you!

As soon as you have created a patient-account you will receive a reminder of your next check-up or vaccination appointment if desired.

Would you like to be recalled? every 6 months every 12 months no recall

Bitte auch die Rückseite ausfüllen!!

As a service for our patients we offer an automatic confirmation and reminder of the appointment via SMS one day prior to the appointment.

Do you agree to that? yes no

With my signature I hereby confirm that I have understood and agree to all previous points.

Munich, _____
signature of patient

We as doctors collaborate. We exchange opinions and experiences. We want to support you.

To speed up and simplify the complex processes, we would like to ask for your assistance. With your signature, you are according permission to exchange information in our practice to our colleagues and us. Thereof, you profit primarily when your doctor is away on holiday or when you suffer from acute afflictions.

Munich, _____
signature

For minor or care-dependent patients

Munich, _____
signature of legal guardian/assignee

Are you content with us? Then please recommend us ☺

Do you have any suggestions or a point of criticism? Then please tell us ☺

With your support we can improve steadily. That is our aim.

We would like to thank you for your cooperation and welcome you to our practice.