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| **Anmeldung Sonografie** | | | | | |
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| Name | ...................................................... | | Geburtsdatum | | ...................................................... |
| Vorname | ...................................................... | | Telefon | | ...................................................... |
| Adresse | ...................................................... | | Mobile | | ...................................................... |
| PLZ/Ort | ...................................................... | | Garant | | ...................................................... |
|  | | | | | |
| Patient/-in aufbieten | | | | | |
| Sonografie vereinbart für den ............................................................................................................ | | | | | |
| Erstuntersuchung | | | Verlaufsuntersuchung | | |
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| Diagnostik / Sonografie-Interpretation | | | | | |
| Diagnostik / Sonografie-Interpretation sowie Konsilium (empfohlen) | | | | | |
|  | | | | | |
| Sonografie gewünscht durch | | Dr. med. Gion Caliezi  Dr. med. Barbara Meyer  Dr. med. Florian Winkler  Dr. med. Caroline Moser | | Dr. med. Véronique Grobéty  offen | |
|  | | | | | |
| **Region** | | | | | |
| ................................................................................................................................................................. | | | | | |
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| **Anamnese, Verdachtsdiagnose, Fragestellung** | | | | | |
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| **Aktuelle Medikation** | | | | | |
| .................................................................................................................................................................  ................................................................................................................................................................. | | | | | |
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| **Bemerkungen** | | | | | |
| .................................................................................................................................................................  ................................................................................................................................................................. | | | | | |
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| Datum: | | | Unterschrift/Stempel: | | |