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| **Anmeldung rheumatologisches Konsilium** | | | | |
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| Name | ...................................................... | | Geburtsdatum | ...................................................... |
| Vorname | ...................................................... | | Telefon | ...................................................... |
| Adresse | ...................................................... | | Mobile | ...................................................... |
| PLZ/Ort | ...................................................... | | Garant | ...................................................... |
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| Patient/-in aufbieten | | | | |
| Untersuchung vereinbart für den ....................................................................................................... | | | | |
| Erstuntersuchung | | | Verlaufsuntersuchung | |
| regulär | | | dringlich (keine spezifische Arztzuteilung) | |
|  | | | | |
| Konsilium gewünscht durch | | Dr. med. Jürg Suter  Dr. med. Gion Caliezi  Dr. med. Barbara Meyer  Dr. med. Florian Winkler  Dr. med. Caroline Moser | | Dr. med. Véronique Grobéty  Prof. Dr. med. Michael Seitz  Dr. med. Isabel Bolt  offen |
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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: | |