

Assignment Form

Referring Doctor



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neurologie@nzbs.ch
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Punch Referring Doctor

Urgent

Date*:

Patient

First Name*:

Gender*:

male

female

Last Name*:

Date of Birth*:

Street/No.*:

Phone privat*:

ZIP/City*:

Phone business:

Health insurance:

Mobile:

Insurance No.:

E-mail:

Medication*:

Appendices/reports/imagery:

in the appendix

by separate e-mail

are brought by the patient

with separate mail

by fax

Assignment to*

Assignment to all

Dr Tobias Haefeli

Dr Thomas Loher

Dr Klaus Meyer

Reason(s) for assignment*

Other (see remarks)

M. Parkinson's disease

Head trauma/whiplash

Multiple sclerosis

Vertigo examination

Epilepsy

Polyneuropathy

Syncope examination

Cerebral function disorder

Restless legs syndrome

TIA examination

Carpal tunnel syndrome both R L

Back pain

Ulnar compression both R L

Remarks

Thanks for your cooperation!