SNRI

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Specialist doctor FMH
Radiology & Neuroradiology
Prof. Dr. med. Isabel Wanke
Prof. Dr. med. Daniel Rüfenacht
Prof. Dr. med. Stefan Heckl
Dr. med. Johannes Weber

Specialist doctor FMH
Radiology
Dr. med. Beat Porcellini

Medical Imaging Registration Form

Personal Details

Name: Street:

First name: PC,City:

Date of birth: Phone:

Gender: ☐ M ☐ F Divers

Cost unit
☐ Health insurance ☐ Accident ☐ Self-payer

Insurance: Vers. no.

Order Specific Data

Requested examination / treatment
☐ MRI ☐ CT ☐ Infiltration

Body region:

Clinical data, research question:

Allergies: Creatinine level:

Implants: ☐ no ☐ yes

Pacemaker: ☐ no ☐ yes Pregnancy: ☐ no ☐ yes

☐ Call patient ☐ Patient already has an appointment :

Assigner

☐ Quick Report

Report: ☐ Portal ☐ E-Mail ☐ Post

Images: ☐ Portal ☐ CD ☐ keine

Copie of report to:

Doctor :

Surname/first name:

Phone / Mobile:

E-Mail-Adresse: Date:

The patient has consented to the processing and storage of data in accordance with the Data Protection Law. This also includes the purposeful disclosure of the data to third parties.