

Patient datasheet

Surname:.....

Firstname:.....

Date of Birth (Day/Month/Year):...../...../.....

Postcode:..... Hometown:.....

Street:.....

Phonenumber:.....

Holiday adress:.....

Do you have any allergies to medicines or other substances?

.....

Are you currently taking any medication?.....

Medication history:.....

.....

Do you take oral anticoagulants?.....

Info for patients from EU countries (European Health Insurance Card EHIC card)

The following services are **NOT** reimbursed by the Austrian health insurance and these services have to **be paid immediately !!**

- radiographs (xray) including CD for free use
- small blood test including CRP determination
 - plaster cast, braces, orthoses or slings
 - internal emergency (ECG) treatment
 - treatment of sports injuries

Read and accepted - St. Ulrich am Pillersee, Date:.....Signature:.....