




X Ray

Your treating doctor has recommended for you a X Ray examination.

 **Please keep in mind, that we as radiologists don't give any recommendations for treatments. Your attending doctor (referring doctor) will inform you of useful therapies.**

Do you have complaints?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes what and since when?
Height ? cm Bodyweight? kg	
Previous X-Ray or computed examinations?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes what, where and when?
Previous nuclear medicine examinations (e.g. bone scintigraphy, thyroid scintigraphy or kidney scintigraphy ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes what, where and when?
Previous cancer or tumor irradiation ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes what, where and when?
Do you have or did you have infectious diseases like HIV/AIDS, hepatitis or tuberculosis ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes what and when?
Did you already have a surgery in the region which ist o be examined?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what?
Do you suffer from cancer?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what?
Name and address of your general practitioner (if not referring doctor)	
Additional question for women: Are you pregnant or could you be pregnant?	Yes <input type="checkbox"/> No: <input type="checkbox"/>

■ Declaration of consent

I agree with the implementation of the X-Ray:

Yes: No:

I agree with the sending of my findings reports to my referring doctor and my general practitioner:



Yes: No:

You can revoke the declaration of will any time by written notice.

■ Data protection and confidentiality

According to medical professional regulations and laws (SGB V) we are obliged to report the result of the examination to your referring doctor. All extern service providers with contact to personal data are subject to the duty of silence.



Date



Signature

Rechtfertigende Indikation gestellt.

Unterschrift des **Arztes**: