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surname	
first given name	date of birth
street	
PLZ/ZIP, place of residence	
nationality	
family doctor	
E-mail address	
We will receive some results only after several days. We will be happy to notify you of the result of smear and laboratory examinations in the event of inconspicuous findings by e-mail, fax or SMS. Of course, you will be personally informed of any relevant findings. Announcements and information:	
private telephone	cellphone
profession	office telephone
health insurance / insurance:	Member no.
☐ social security office:	section
	AHV no.
Please provide information on any additional and/or hospital insurances	
☐ additional insurance:	☐ no additional insurance
Hospital insurance:	
☐ also in the hospital general insurance	☒ private
☐ semi private	☒ self pay
I hereby agree that I will be billed for the services I have provided in accordance with the applicable tariff and that my data will be forwarded to a trust center. The place of jurisdiction and the applicable law are in Switzerland, this applies in particular to US citizens. With my signature, I release Dr. med. Grahke for all information required for invoicing and collection of his professional secrecy. I authorize Dr. med. Grahke also to request other physicians or hospitals files, as far as this is necessary for the treatment.	
date	signature