



Registration form for patients with statutory health insurance

Our service for simple completion: After downloading to your computer, you do not need to print the form and fill it out by hand – you can fill in the fields directly on your computer. Please then print it out and send us the completed form – five days before your appointment with us at the latest. Thank you very much!

Your personal information

| | | | |
|------------------|--|------------------|--|
| Name, first name | <input type="text"/> | Phone (private) | <input type="text"/> |
| Date of birth | <input type="text"/> | Phone (mobile) | <input type="text"/> |
| Street address | <input type="text"/> | Email | <input type="text"/> |
| Postcode, city | <input type="text"/> | Health insurance | <input type="text"/> |
| Marital status | <input type="radio"/> Single <input type="radio"/> Married | With aid? | <input type="radio"/> Yes <input type="radio"/> No |

Information about your attending physicians

Please specify the name and address of your doctor.

| | |
|---------------------------|----------------------|
| Your GP | <input type="text"/> |
| Gynaecologist / urologist | <input type="text"/> |

Your consent

Thank you for taking the time to read this text carefully. Upon approval, we ask you to tick the respective points.

- I confirm that I have asked for medical treatment from the doctors of the Kinderwunsch- & Hormonzentrum Frankfurt (KWZ). Currently, these are: Professor Stefan Kissler, MD, Dr David Sauer, Dr Ines Voß, Dr Verena Fehringer.
- I agree to my data being sent in PDF format and through correspondence by email, and I am aware that when sending electronic messages there is a risk of unauthorised access by third parties. After the start of treatment, I will subsequently submit my insurance card and, if necessary, the referral, if I have not yet done so, within five working days. I am aware that otherwise the services provided will be invoiced privately.
- I also relieve doctors of their obligation to medical confidentiality so that they can discuss results with my spouse/marriage partner/life partner. This also includes – if necessary – the translation through an interpreter.
- I agree that the doctors of the KWZ can disclose patient-related data in accordance with section 203 of the German Criminal Code to the extent necessary to assert claims for remuneration and other claims, or to avoid claims against the doctors or the KWZ. This also applies in relation to the new partners or the new owners in the event of a change of legal form or if other partners are added and/or the KWZ should be sold in whole or in part.

Date, place

Signature