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## Registration for angiological consultation

Angiologist	
Patient details	
Surname, first name:	Date of birth:
Street:	Postcode/ City:
Phone:	E-mail:
Date  Emergency (please register by phone)  Appointment already made on:  Offer	🗌 regular
Angiological consultation	
Duplex sonography         Leg arteries       Abdominal aorta       Kidneys/renal arteries         Leg veins       Vessels supplying the brain         Communication	
Question:	

Date

Signature

Please enclose all **relevant previous findings** with your registration. This will enable us to improve the interpretation and thus the quality of the examination and avoid duplicate examinations. Thank you very much!



Facharztpraxis für Allgemeine Innere Medizin, Kardiologie, Angiologie, Gefässchirugie und Phlebologie

