



Registration for angiological consultation

Angiologist

Dr. Iris Hähnel

Patient details

Surname, first name:

Date of birth:

Street:

Postcode/ City:

Phone:

E-mail:

Date

Emergency (please register by phone)

regular

Appointment already made on:

Offer

Angiological consultation

Duplex sonography

Leg arteries

Abdominal aorta

Kidneys/renal arteries

Leg veins

Vessels supplying the brain

Communication

Question:

Current medication:

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!