



Registration for cardiological consultation

Cardiologists

Dr. Iris Hähnel,

Prof. Dr. med. Thomas F. Lüscher

PD Dr. Dr. med. Dörthe Schmidt

Patient details

Surname, first name:

Street:

Phone:

Date of birth:

Postcode/ City:

E-mail:

Date

Emergency (please register by phone)

Appointment already made on:

regular

Offer

Cardiological consultation

or allocation only for

Echocardiography

Ergometry

Long-term ECG

Resting ECG

24 h blood pressure measurement

Notification

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!