



## Registration for an ultrasound examination

### Specialist

PD Dr. med. Sabine Schmidt-Weitmann

### 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

Abdomen Ultrasound

Ultrasound of the thyroid

Ultrasound of the soft tissue

Urogenital Ultrasound

Ultrasound of the mammae

Contrast enhanced Ultrasound (CEUS) Abdomen

### Communication

Question:

Date

Signature

Bitte legen Sie alle **relevanten Vorbefunde** der Anmeldung bei. Dies ermöglicht, die Interpretation und damit Qualität der Untersuchung zu verbessern und Doppeluntersuchungen zu vermeiden. Herzlichen Dank!