

Personal Data

Patient:	
Family name: _____	Date of birth: _____
First name: _____	Nationality: _____
Title: _____	Occupation: _____
Birth name: _____	Phone: _____
Patient number: _____	Mobile: _____
Residence (city or other) _____	Street: _____
Zip code: _____	Country: _____
Mailing address (if not identical with the above!): _____	
Time options for examinations – Month(s): _____ Year: _____	
How long will you be able to stay? _____	
Date: _____	Signature: _____

Dear Sir / Madam,

Thank you for your enquiry in which you expressed your interest in our institution.

We'll be happy to welcome you as a patient. In order to arrange for an appointment, we need your personal data. Please fill in the above form and return it to DKD by mail or fax. We will arrange for your appointment as you wish, and confirm it to you then.

For a medical checkup that includes lab tests, you need to be fasting (i.e. don't eat, drink or smoke anymore past 10.00 p.m. the night before scheduled examinations).

Please note that we operate on a down payment basis. On arrival, you will be asked to make an advance payment to the amount of your cost estimate for the anticipated diagnostic tests and treatment. DKD cashier's office accepts payment by cash, cheque or credit card. The final invoice will be given to you on completion of your checkup. To balance your account, you'll either be refunded, or charged for additional expenses incurred.

Your requested date at the DKD: _____ **signature:** _____

Please fill out this form and send it back to the DKD via post or fax

With kind regards,

Patient Service