

Consultation request submitted to GPOH DBA register

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<p>Please insert/complete here:</p> <p>Patient label with name, date of birth, health insurance scheme, principal policyholder, policy number, status</p>	<p>Patient already on the DBA register?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Face-to-face presentation at Freiburg requested?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Tentative diagnosis/results

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Query

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<p>Type of consultation required:</p> <p><input type="checkbox"/> consultation by telephone <input type="checkbox"/> consultation by e-mail <input type="checkbox"/> videoconference</p> <p><input type="checkbox"/> diagnostics following previous consultation (please submit on DBA register referral forms only)</p>

Supporting documents required for consultation:

Medical report laboratory test results, particularly blood count

Any other supporting documents attached:

Bone marrow results genetic testing results patient photographs Imaging

Referring hospital / clinic

Stamp

Referring physician

Name:
For Queries:
e-mail:
Telephone:
Fax: