

X-Ray Ordinance Information / Röntgenverordnung (RÖV) - Englisch

According to X-ray Ordinance every patient need to fill out this form before an X-Ray examination:

Name, First name: _____ Date of birth: _____

Street: _____

Place of residence: _____

Telephone number: _____

Earlier X-ray and / or Nuclear medicine examinations:

When: _____ Examination: _____

Priors (Radiographs, CD, ...):

available not available already given

X-Pass:

available not available already given

Pregnancy:

yes no uncertain

For private insurance:

Private health insurance: _____

Aid eligible: yes no

Family memebers:

Name of the insured _____

Date of birth of the insured _____

Hereby I agree that my data will be processed and stored electronically.

I agree that my image and report data may be forwarded to my doctors ***please complete overleaf*** in an electronically form.

If I was already examined or treated in Kreiskrankenhaus Dormagen or Kreiskrankenhaus Grevenbroich, I allow to access and use the stored data, if this is necessary for medical treatment or diagnosis.

I hereby agree with interventions for me – my wife – my husband – my child – my ward, if necessary for diagnosis or treatment.

_____ Date

_____ Signature (Name and Surname)

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*Treating Physician

Name, First name: _____

Street: _____

Place of residence: _____

Name, First name: _____

Street: _____

Place of residence: _____

ZRN - ZENTRUM FÜR RADIOLOGIE UND NUKLEARMEDIZIN - at the locations:

NEUSS

Preußenstraße 84
41464 Neuss
(Hospital Lukaskrankenhaus)

Telefon 0800 - 97 64 636
(0800-ZRNINFO)
Telefax 0 21 81 - 21 40 - 29
E-Mail anmeldung@zrn-info.de

DORMAGEN

Dr. Geldmacher-Str. 20
41540 Dormagen
(Hospital Kreiskrankenhaus Dormagen)

Telefon 0800 - 97 64 636
(0800-ZRNINFO)
Telefax 0 21 81 - 21 40 - 29
E-Mail anmeldung@zrn-info.de

GREVENBROICH

Von-Werth-Straße 5
41515 Grevenbroich
(Hospital Kreiskrankenhaus St. Elisabeth)

Telefon 0800 - 97 64 636
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