

REFERRAL TO LEONARDO WITH THE REQUEST TO GET IN TOUCH

Shoulder/Elbow

- JIRI SKARVAN, M.D.
- CHRISTIANE BRINKMANN, M.D.
- DAVID HAENI, M.D.

Hand/Elbow

- RENATO FRICKER, M.D.
- NATHALIE SCHELHONR, M.D.
- BEATE WILMINK, M.D.

Hip

- CSABA FORSTER-HORVÁTH, M.D. PHD

Knee

- PROF. MARKUS ARNOLD, M.D.
- THOMAS RYCHEN, M.D.
- RAPHAEL KAELIN, M.D.

Foot

- CLAUDE MÜLLER, M.D.
- RAHEL SCHMID, M.D.
- BRITTE BROEDE, M.D.

Please send the completed form by email to: praxis.leonardo-orhto@hin.ch

Please fill in

Mrs.

Mr.

Name:

First Name:

Date of Birth:

E-Mail:

Street/No:

Zip Code/City:

Home Phone:

Mobile Phone:

Work Phone:

Insurance:

General

Semi-private

Privat

Clinical Information/Question

Relevant Secondary Diagnoses/Medication

None

refer to separate report

Date:

Name of referring physician:

LEONARDO Hirslanden
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Clinic Partner

HIRSLANDEN
KLINIK BIRSHOF

