LEONARDO
ÄRZTE FÜR ORTHOPÄDIE UND TRAUMATOLOGIE

REFERRAL TO **LEONARDO**
WITH THE REQUEST TO GET IN TOUCH

☐ Shoulder/Elbow ☐ Hand/Elbow ☐ Hip

☐ Knee ☐ Foot

Doctor request:----------

Bitte senden Sie das ausgefüllte Formular per Mail an praxis.leonardo-ortho@hin.ch

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Please fill in ☐ **Mrs.** ☐ **Mr.**

Name: _____ First Name: _____

Date of Birth:: _____ E-Mail: _____

Street/No: _____

Zip Code/City: _____ Home Phone: _____

Mobile: _____ Work Phone: _____

Insurance: ☐ General ☐ Semi-private ☐ Privat

Clinical Information/Question

Relevant Secondary Diagnoses/Medication ☐ None ☐ refer to separate report

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Datum: _____ Name of referring physician: _____

LEONARDO
Hirslanden Klinik Birshof
Reinacherstrasse 28
4142 Münchenstein

Phone 061 335 24 24

Klinikpartner
HIRSLANDEN
KLINIK BIRSHOF