

First name and surname:

Patient number:

Date of birth:

Declaration of consent: After careful consideration, I hereby give my consent to the computed tomography examination.

Female patients only: Are you currently pregnant?

No

Yes

Until further notice, I hereby consent that my treating physicians obtain findings from other service providers and forward findings obtained from me to other attending physicians in accordance with § 73 (1b) of Social Code Volume V. A copy of this consent form will be granted to you on request.

A copy of this medical history will be granted to you on request.

Place, date:

Signature of the doctor

Dr. Meier/Dr. Ladner/Prof. Dr. Plathow/Dr. Stoldt/Dr. Palmowski

Signature of the patient/caretaker/guardian