**Überweisung meiner Patientin für eine Operation**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Name, Vorname: | | Geburtsdatum: |
| Strasse, Haus-Nr.: | Tel.-Nummern: | |
| PLZ, Ort: | e-Mail Adresse Patientin: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Versicherungsklasse** | 🞎 Allgemein | 🞎 Halbprivat | 🞎 Privat |

|  |  |
| --- | --- |
| **Operation:** | |
| 🞎 Brustoperation | 🞎 Operation Adnexen |
| 🞎 Operation Uterus | 🞎 Operation Vulva |
| 🞎 Operation Cervix | 🞎 Sonstiges: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Diagnose**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
|  |  | |
| **Relevante Anamnese und Befunde:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medikamente:** | | | |
| **Beilagen:** | | 🞎 Berichte | 🞎 Laborbefunde | 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Datum:** |  | Absender (Stempel): |