



Dr. med. Daniela Friedrich
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General Practitioners FMH

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Patient Registration Form

Surname Middle First

Street Addr. ZIP/Place /

Phone: Home Mobile Business

E-Mail@..... Occupation

Place/Date of Birth Marital Status Nationality

Medical Insurance: Name.....Policy No..... Self-pay Patient: Yes

For persons under 18 years of age: State parent or legal guardian:

Surname Middle First

Street Addr. ZIP/Place /

Phone: Home Mobile Business

Disclaimer: I hereby authorize Drs. med. Daniela Friedrich and Lina Baldinger to further request personal medical data and information regarding my health status from other medical institutions or bodies which have treated me previously, as well as to hand over existing personal medical information to medical institutions or bodies to which I will be referred to for further treatment.

I agree that personal data relevant to billing may be relayed to an external invoicing party, or if necessary to a collecting agency (SWISSCOM Health AG), as well as the appropriate public authorities.

Based on the tariff for medical services in Switzerland (TARMED), the Medical Insurance Companies seek to introduce an automatic billing system in the near future. To help build a database, we transfer a copy of all our bills to HAWATRUST, a Trust Company commissioned by the United Medical Insurers. Anonymity and confidentiality are strictly observed.

With my signature below I hereby certify the information given in this form to be true and correct in all respects. I furthermore confirm that I have been informed that all bills will be sent out in electronic form (E-Mail) whenever possible.

ZIP/Place / Date

Signature