Online Registration Zug / Baar for Health Care Professionals

Security notice

All the information is transmitted via an encrypted SSL connection. Please complete all fields containing an asterisk *.

Patient data

First name *

Last name *

Date of birth

tt.mm.jjjj

Street

Postcode *

Town *

Tel. (private) *

Tel. (work)

Tel. (mobile)

Email:

Payment

- ○ Self-payer
- ○ KVG Insurance cover
- ○ IV Invalid Insurance cover
- ○ UVG Accident insurance cover
- ○ MV Military insurance cover
- ○ Not yet determined

Please bring the confirmation of insurance cover.

Purpose of the referral

- ☐ Consultation
- ☐ Treatment
- ☐ Physiotherapy (please bring the referral)
- ☐ Radiological examination
  - ☐ Cone Beam CT scan (Kavo 3D Exam)
  - ☐ Orthopantomogram (Plamecca)
  - ☐ Lateral Cephalometric Xray (Plamecca)
  - ☐ Data delivery
    - ☐ USB flash drive
    - ☐ Online portal
- ☐ Virtual Planning
  - ☐ Implant Planning 3D Guided Surgery (please clarify which implant system to be used)
  - ☐ Surgical guide required
  - ☐ Other virtual planning (please clarify)

Specialists

- ☐ Dr.(Gr) Dr. med.dent. (F) H. Thuau FRCS(omfs)

Only applies in case of emergency. Otherwise, the appointment will be based on availability.

Reason for referral, Type of radiological examination, Question

Appointment

- ○ The patient will contact us directly
- ○ The patient should be contacted
- ○ Appointment already made

Date

tt.mm.jjjj

Time

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Urgency

- ○ Emergency
- ○ Urgent
- ○ Routine

Patient records upload (X-rays, Pictures)

You may upload up to 10 documents (max. 15MB each).

CHOOSE DOCUMENT	no document chosen (max. data 15MB)
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Referring practice

Practice name *

Address *

Postcode *

Town *

Tel. *

Email *

Remarks: