

# Online Registration Baden 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

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. Dr. med. Thomas Bottler
- ☐ Dr. med. Dr. med. dent. M. Baltensperger (tumour consultation)

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: