

# Online Registration Zug / Baar for Patients

## 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:

**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 Registration**

**Patient records upload (X-rays, Pictures)**

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

 <b>CHOOSE DOCUMENT</b>	no document chosen (max. data 15MB)
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