Personal Information

☐ Mr. ☐ Madam

Family name | Given name | Date of birth

Street | House number

Zip code | City | Country

Phone / Mobile | E-Mail

Treatment Information

Desired date

☐ Single Room ☐ Double Room ☐ Suite

Desired accomodation

Have you already received any treatments? If so, kindly state the **type of therapy** and **treatment date**.

Personal notes - your desires and expectations for a therapy?

Based on which problems are you aiming for a treatment?

Deutsches Zentrum für
Zelltherapie GmbH & Co. KG
Stefanie-von-Strechine-Str. 6
D- 83646 Bad Tölz

Phone +49 (0) 8041 / 79901 - 0
Fax +49 (0) 8041 / 79901 - 29
E-Mail info@frischzellen.de
Web www.frischzellen.de

Sparkasse Bad Tölz - Wolfratshausen
IBAN: DE38 7005 4306 0011 2823 57
SWIFT-BIC: BYLADEM1WOR
Sales Tax ID: DE260515830

CEO: Klaus Dieter Burkhart
Comm. Registration No.: 91661
Legal Venue: München
Tax ID: 104/178/02008

Medical Information

Do you take medication? ☐ Yes ☐ No

If yes, please state the **exact name, dosage and reason** for use.
If you are taking **Aspirin**, please inform us of the reason for this.

Do you take anticoagulants, e.g. Marcumar? ☐ Yes ☐ No

If yes, please state the **exact name, dosage and reason** for use.

Past Illnesses ☐ Yes ☐ No

If yes, please state **nature and time** of the disease.

Have you ever had surgery? ☐ Yes ☐ No

If yes, kindly state **time and kind** of surgery.

Have you ever suffered from the following health problems? Please mark accordingly

- ☐ Angina pectoris
- ☐ Myocardial infarction
- ☐ Low blood pressure – hypotension
- ☐ High blood pressure – hypertension
- ☐ Diabetes, blood glucose level: _____
- ☐ Embolism, thrombosis
- ☐ Chronic bronchitis
- ☐ Bronchial asthma
- ☐ Allergies: _____
- ☐ Cancer
- ☐ Intervertebral disk degeneration
- ☐ Joint pain, aching limbs
- ☐ Diseases of the internal organs
- ☐ Stroke
- ☐ Other: _____

Herewith we refer to our general business conditions (AGB). They are published on our website at www.frischzellen.de and become part of the treatment contract after binding reservation.

City, date

Signature

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