

Registration Form:**A warm welcome to mediX Praxis am Bad AG**

Family name:	First name(s):
Street / Number:	Postcode (Zip Code)/ Town or City:
Date of Birth:	Nationality:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced
For children: Full name of parents:	Mobile phone: Home telephone number: Business telephone number:
E-Mail address (to send you medical data, direct messages, but no advertising)	Profession: Employer:
Health insurance company: mediX family doctor plan <input type="checkbox"/> Ja <input type="checkbox"/> Nein	Health insurance number: AHV (National Insurance) number:
Family doctor (Full name and place) (present or previous)	Language:

I confirm that the above details are correct.

Yes No

The mediX group practice is part of the mediX Zürich doctor's network. Within mediX Zürich, doctors regularly discuss complex/difficult cases with each other. I hereby give my permission for doctors in the mediX group practice and the mediX Zürich doctor's network, (www.medix.ch) to share details of my medical history in the strictest confidence for purposes of treatment and research, and also to analyse these anonymously. For quality control purposes (EQUAM Certified) spot checks may be carried out by specialists with an obligation to maintain confidentiality. In this case, my name would not be shown.

Yes No

Your previous medical history is important to us. I agree that mediX Praxis am Bad AG may obtain from third parties, such as doctors and hospitals, medical records relating to my previous history.

The majority of our invoices are sent electronically to your health insurance company. You only receive invoices from the health insurance company concerning the patient's contribution (co-payment and deductible). By signing, you confirm that you are in agreement with invoices being sent directly to the health insurance company. We will always provide you with a copy of an invoice on request. You can also set up a permanent arrangement by informing our Reception staff.

By signing, you confirm that you are in agreement with invoice data being forwarded to an external third party (fiduciary company, collection agency, debt enforcement office, lawyer, health insurance company, municipal office or government agency) when necessary.

Medicine: After it has been dispensed, the doctor/chemist normally does not know what happens to it. This could involve it being exposed to harmful influences. For quality control reasons, such medicine may not therefore be taken/returned. The (unused) medicine will be charged to the patient in full. Resale or exchange is not permitted under the law relating to medicines (HMG = Heilmittelgesetz). Refunds are not possible.

Place / Date:	Signature:
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