



MVZ
ORTHOPÄDIE
MÜHLENKAMP

Dr. med.
R. THEERMANN

PD Dr. med.
C.-H. HARTWIG

Dr. med.
K. HÖFKEN

Dr. med.
A. PREISS

Ms.
J. FISCHER

Dr. med.
C. VOGEL

Written consent under the General Data Protection Regulation

You wish to be treated in our practice. As a result, a treatment contract is automatically concluded. The personal data in the treatment contract, especially your name, contact details, and data concerning health, which are required and necessary solely for the purpose of implementing the resulting contractual relationship, are collected on the basis of legal authorisation.

Any additional use of personal data and the collection of additional information regularly requires the data subject's consent. You may freely give such consent in the section below.

I agree that MVZ Orthopädie Mühlenkamp may, on medical grounds, request my data from / forward my data to

- Further/other attending physicians Hospitals
 Pharmacies, medical supply Physiotherapists

stores

I agree that MVZ Orthopädie Mühlenkamp may then receive/send my data from/to the aforementioned partners via/by

- Fax Post Email (not for communicating findings).

General Practitioner

Referring Physician

Other Physician

Name

Name

Name

Certified according to
DIN EN ISO 9001

ORTHOPAEDICS
TRAUMA SURGERY
SPECIAL
ORTHOPAEDIC
SURGERY
SPECIAL
TRAUMA SURGERY
RHEUMATOLOGY
SPORTS MEDICINE

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SURGICAL DEPARTMENT

Orthopaedic Surgery
Hamburg

Helios ENDO-Klinik
Hamburg

Holstenstraße 2
22767 Hamburg

Please see overleaf!



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ORTHOPÄDIE
MÜHLENKAMP

In the event that I make a personal request for documents, prescriptions, etc., I agree that my documents may be sent to me by

Fax Post Email (not for communicating findings)

I agree that appointment reminders may be sent to me as text messages

YES NO

The following person(s) may also collect/receive the aforementioned documents for me.
Please state name in block capitals.

I am aware that I may withdraw this consent, or parts thereof, at any time in the future, without giving any reason.

Place, date

Signature of the patient or the patient guardian

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