

Dr. med. R. THEERMANN

PD Dr. med. C.-H. HARTWIG

Dr. med.

K. HÖFKEN

Dr. med.

A. PREISS

Ms.

J. FISCHER

Certified according to DIN EN ISO 9001

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

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

authorisation.



MVZ ORTHOPÄDIE MÜHLENKAMP

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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 app	pointment remind	ders may be sent to me as text messages
	erson(s) may als me in block cap	o collect/receive the aforementioned documents for me. itals.
I am aware that without giving a	-	this consent, or parts thereof, at any time in the future,
Place, date		Signature of the patient or the patient guardian