

Physiopark registration

You can use Adobe® Reader® to fill in this form on your computer.



Physiopark

REGENSBURG



Appointments at **Physiopark IM GEWERBEPARK**
Im Gewerbepark B 20 | 93059 Regensburg | Telephone: 09 41 - 60 71 58 - 0 | Fax: 09 41 - 60 71 58 - 11

Appointments at **Physiopark BEI DEN ARCADEN**
Paracelsusstraße 2 | 93053 Regensburg | Telephone: 09 41 - 60 09 63 - 0 | Fax: 09 41 - 60 09 63 - 11

E-Mail: info@physiopark-regensburg.de www.physiopark-regensburg.de

Last name: Date of birth:

First name: Occupation:

Street, house no.: Telephone (home):

Postal code/city: Telephone (work):

Health insurance company: Telephone (mobile):

Private Entitled to government assistance (Beihilfe) Email:
(e.g. German civil servants)

Would you like to receive the **Physiopark email newsletter at this email address (with the option to unsubscribe at any time)?**

Yes No

How did you find out about our surgery?

Additional charge (only applies to patients with statutory health insurance) Not exempted Exempted

I am aware that if I cannot keep an appointment, I must cancel it at least 24 hours in advance. Furthermore, I have been informed that I will personally be charged €15 if I miss an appointment without giving prior notice or if I do not cancel an appointment in due time.

I acknowledge that, as is customary, the surgery stores patient data in its IT system for billing purposes; alternatively, my prescription may be passed on to a data centre for billing purposes.

I hereby authorise my therapist to contact me by telephone or in writing to review the success of the therapy.

Regensburg, [date] Signature

Treatment appointment

If an appointment should become available at short notice, would you like us to call and offer you an earlier treatment appointment?


Yes No

Please mark preferred appointment times with (X); please strike the times that are not suitable (-):

Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00

Preferred therapist:



 **Submit by email**