

Registration for operation



Anmeldung und Eintritt
L1.01

Coplan _____

Opale _____

For office use only

Admission Date ____/____/____ Time ____:____

Last Name _____

Date-of-birth ____/____/____

First Name _____

female male

Street _____

Tel. home/work _____

City / Postcode _____

Mobile _____

Country _____

Email _____

Correspondence language: German English

Language _____

Accompanying person/s _____

Number of nights _____

Illness Accident Date of accident: ____/____/____

Employer _____

Basic Insurance provider _____

Policy No. _____

Supplementary insurance provider _____

Policy No. _____

Private Semi-private General

Single room Twin room

Self-pay: Deposit in CHF _____

by date: _____

Operation date ____/____/____ Time ____:____ Duration _____

Surgeon _____

Assistant _____

Diagnosis _____

Operation _____

ICD-10 _____

CHOP _____

(Classification-Code)

(Treatment-/OP-Code)

Instrumentation / Implants: _____

Positioning _____

To be completed by reception:

Planned discharge ____/____/____

Actual discharge ____/____/____ Time ____:____

General anaesthetic Regional anaesthetic

Local anaesthetic-monitored

No preoperative evaluation required

Patient declines blood/blood products

Preoperative evaluation required per Klinik Pyramide algorithms

Allergies / miscellaneous _____

Infectious disease / CAVÉ

Preoperative testing/examinations _____

Laboratory EKG X-Ray

Patient is physically impaired yes no

BMI (Weight/Height) _____

Date ____/____/____

Signature _____

Form to be sent by email to: Disposition, Klinik Pyramide, disposition@pyramide.ch

(For data protection reasons, please send the mails with HIN encryption.)