



**Last name:**

.....

**First name:**

.....

**Date of birth:** .....

**Height:** ..... cm

**Weight:** .....kg

**letter of acceptance**

I have been informed that the examination will be carried out with X-rays.

**Could you be pregnant?**

YES  NO

**Gibt es bereits Voraufnahmen zu Ihrer heutigen Untersuchung?**

YES  NO

When and where?

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**Have you already had surgery on the region to be examined?**  YES  NO

When and where?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I consent tot he following investigation:**

CT

x-ray

Lahnstein, \_\_\_\_\_

Signature: \_\_\_\_\_

