


<b>Administration</b> OSS 1130 Wien, Speisingerstr. 109	<b>Patientenstammdatenblatt</b> <b>Erwachsene Englisch</b>	 <b>Orthopädisches Spital Speising</b> Wien
FOR - ISO: 8.2.1 Kommunikation mit den Kunden Version: 5.99 <b>ADM144</b>	Qualitätsmanagement pCC inkl. ISO	

**Please fill out this form and hand it out to the hospital for admission. Thank you!**

<b>Last name</b> Name at birth Academic title Street address Postal code Telephone No. Email Civil state	First name Date of birth Nationality State City Cell phone  Denomination
<b>Health insurance</b> Health insurance company Exemption f. prescription charges <input type="radio"/> No <input type="radio"/> Yes Additional private insurance	
<b>Details of employer</b> Company Street address Postal code Telephone No, Telefax, Email:	Social security No. If yes: take a written opinion with you Insurance policy No.  Profession  City State
<b>Details of main insurance holder (only for co-insured)</b> Last name Academic title Relationship Street address Postal code Telephone No.	
<b>Next of relatives</b> Last name Street address Postal code Telephone No.	First name Date of birth Health insurance company Social security No City/State Email  Relationship First name State City Cell phone
<b>Referring physician</b> Name Street address Postal code Telephone No. City/State	<b>Home physician</b> Name Street address Postal code Telephone No. City/State

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