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| Name, Vorname:      Adresse:      Telefon:      Geburtsdatum:      Krankenkasse:       | Grösse:       cm Gewicht:       kgSchrittmacher: [ ]  ja [ ]  neinSchwangerschaft: [ ]  ja [ ]  nein |

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| Einweisender Arzt:      Hausarzt:       | Spezielles (z.B. Abwesenheitszeitraum des Patienten):      |

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| Gewünschte Untersuchung:

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| [ ]  | Kardiologische Beurteilung |
| [ ]  | Transthorakale Echokardiographie |
| [ ]  | Transösophageale Echokardiographie |
| [ ]  | Stress-Echokardiografie |
| [ ]  | Ruhe-EKG |
| [ ]  | Ergometrie |
| [ ]  | Holter-/24h-EKG |
| [ ]  | Holter-/48h-EKG |
| [ ]  | Holter-/72h-EKG |
| [ ]  | Memory-EKG (Wochen-EKG) |
| [ ]  | Signalgemitteltes EKG (LAPO) |
| [ ]  | 24h-Blutdruck |
| [ ]  | Elektrokonversion |
| [ ]  | Schrittmacher-Kontrolle |
| [ ]  | Carotiden |
| [ ]  | Nierenarterien |
| [ ]  |  |
| [ ]  | Herzinsuffizienzberatung |

 | Aktuelle Medikation:       |

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| Anamnese/Klinische Befunde:       |

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| Fragestellung:       |

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| Datum und Unterschrift:       |

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| Einsenden an: kardiologie@ksow.ch |