

## Master Data Sheet & Consent Form (PID: \_\_\_\_\_ )

<b>Salutation / Title</b>		<b>Legal representation</b> <i>Last name, First name, Tel.</i>	
<b>Last name / First name *</b>		<b>Family doctor</b> <i>Last name, First name, City</i>	
<b>Date of birth *</b>		<b>Referring doctor</b> <i>Last name, First name, City</i>	
<b>Street / House no. *</b>		<b>Emergency contact</b> <i>Last name, First name, Tel.</i>	
<b>Postcode / City *</b>		<b>Health insurance</b>	
<b>Telephone, private</b>		<b>Supplementary insurance</b>	
<b>Telephone, mobile</b>		<b>Accident insurance</b>	
<b>E-mail<sup>1)</sup></b>		<b>Insurance class</b> <i>For inpatient treatment</i>	<input type="checkbox"/> Private ( <i>enter manually</i> ) <input type="checkbox"/> Semi-private <input type="checkbox"/> General

\* Required fields

<sup>1)</sup> I agree to receive correspondence by e-mail.

The data required for invoicing may be forwarded to the health or accident insurance. In the case of debt collection, invoice data may be forwarded to the institution commissioned to do so and to the competent authorities. For quality reasons, our doctors can prescribe original preparations, which may be charged by your Swiss health insurance with a deductible of 20% instead of 10%.

I authorise the Vista Holding AG including the affiliated Vista eye practices and clinics\* and the Fleischlin AG ophthalmology practice to store and process my personal and medical data insofar as this is necessary and serves to avoid unnecessary examinations and costs. I agree that the results of the examination or treatment may be communicated to the referring doctor or family doctor/general practitioner. The courts at the registered office of the medical facility have jurisdiction. Swiss law is exclusively applicable.

Place, Date

Signature

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