



**Dear patient,**

if you seek for medical advise and treatment, please complete the questionnaire and return it to:  
[orthopaedie@klinikum-dresden.de](mailto:orthopaedie@klinikum-dresden.de).

Clinic for Orthopedics and  
Orthopedic Surgery

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[orthopaedie@klinikum-dresden.de](mailto:orthopaedie@klinikum-dresden.de)

**Your data**

First and last name

Date of birth

Gender

Adress

E-mail adress

Phone number

Native language

Which other language do you speak?

**Medical data**

Diagnosis, complaints, symptoms

What is your concern?

Others concerns:

Previous treatment?

Foreign patients are treated as in- and out-patients. According to the diagnosis the administration will provide a cost estimate. After the money deposit is recieved we will arrange the treatment.

If you already have documents concerning your medical problem or radiological examinations please enclose them to your mail.