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| Name, Vorname:  Adresse:  Telefon:  Geburtsdatum:  Krankenkasse: | Grösse:       cm  Gewicht:       kg  Schrittmacher:  ja  nein  Schwangerschaft:  ja  nein |

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

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| Gewünschte Untersuchung:   |  |  | | --- | --- | |  | 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 |