



Radiologische Gemeinschaftspraxis Fleischstraße Trier

Dr. med. Martin Amberger
Dr. med. Britt Gajek
Dr. med. Jörg Jeibmann
Dr. med. Stefan Lieser

Radiologie und Nuklearmedizin
Radiologie
Radiologie
Radiologie und Neuroradiologie

**Declaration of consent
to collect/transfer patient data in accordance with § 73 Para. 1 b SGB V
(Volume 5 of the German Social Security Code)**

I: (to be completed by the patient!)

Last name, given names

Date of birth

Health insurance

I agree that

- The joint radiology practice may transfer treatment data and results concerning me to doctors providing follow-up care for the purpose of ongoing care. Data is transferred for the purpose of informing the doctor providing follow up care.
- The joint radiology practice may request treatment data and results from doctors currently providing treatment for the purpose of providing follow-up care. This request allows radiologists to compare previous examination results with the current examination.

My general practitioner/referring doctor is:

I am aware that I may revoke this statement of consent at any time either in whole or in part for the future.

(Place, date) (Signature of the patient or legal representative)