



Name: _____, born: _____

Suggested

Selected

- | | | | |
|--------------------------|---------------------------------------------------|---------|--------------------------|
| <input type="checkbox"/> | Stroke Prevention (Color Duplex of Brain Vessels) | 37,89 € | <input type="checkbox"/> |
| <input type="checkbox"/> | Heart Ultrasound | 40,80 € | <input type="checkbox"/> |
| <input type="checkbox"/> | Body Analysis (Fat/Muscle/Bone/Biological Age) | 14,75 € | <input type="checkbox"/> |

Useful Advanced Laboratory Tests:

- | | | | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|
| <input type="checkbox"/> | Additional comprehensive profile (significantly more extensive blood values with long-term sugar, protein distribution, immune system, differential blood count, electrolytes) | 40,00 € | <input type="checkbox"/> |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|

Tumor markers (please consult with the doctor):

- | | | | | |
|--------------------------|---------------------------------------------|-----|----------------|--------------------------|
| <input type="checkbox"/> | Prostate tumor marker PSA (for men) | GOÄ | 17,49 € | <input type="checkbox"/> |
| <input type="checkbox"/> | Tumor marker CEA (lung, stomach, intestine) | GOÄ | 14,57 € | <input type="checkbox"/> |
| <input type="checkbox"/> | Pancreatic tumor marker Ca 19-9 | GOÄ | 17,49 € | <input type="checkbox"/> |

Nutrition/Vitamins:

- | | | | | |
|--------------------------|-----------------------|-----|----------------|--------------------------|
| <input type="checkbox"/> | Vitamin B12 | GOÄ | 14,57 € | <input type="checkbox"/> |
| <input type="checkbox"/> | Iron storage Ferritin | GOÄ | 14,57 € | <input type="checkbox"/> |
| <input type="checkbox"/> | Vitamin D | GOÄ | 27,98 € | <input type="checkbox"/> |

Others:

- | | | | | |
|--------------------------|--------------------------------------------------------------------------------------------------------------|-----|----------------|--------------------------|
| <input type="checkbox"/> | Blood gas analysis (with hemoglobin and electrolytes) | | 14,11 € | <input type="checkbox"/> |
| <input type="checkbox"/> | Thyroid TSH | GOÄ | 14,57 € | <input type="checkbox"/> |
| <input type="checkbox"/> | HIV | GOÄ | 17,49 € | <input type="checkbox"/> |
| <input type="checkbox"/> | Testosterone | GOÄ | 20,40 € | <input type="checkbox"/> |
| <input type="checkbox"/> | Colon cancer screening stool for blood
(covered by insurance from age 50 years, please sign additionally) | GOÄ | 17,48 € | <input type="checkbox"/> |
| <input type="checkbox"/> | Further: | | | |

To save time during your visit to our practice, feel free to fill out this form in advance and send it to us by email or through the website.

I hereby confirm that I wish to have the examinations marked above performed at my own request. I am aware that reimbursement by the health insurance company is not possible.

Place, Date

Signature