

INQUIRY FOR PROTON THERAPY

PATIENT male female

Surname: _____

First name: _____

Date of birth: _____ Nationality: _____

Address: _____

Postcode: _____ City: _____

Country: _____

e-mail: _____

Phone: _____ Phone 2: _____

Mobile Phone: _____ Fax: _____

Registration date: _____

MEDICAL DIRECTION:
DR. MED. R. RICHTER
HEAD OF RADIATION DEPARTMENT I:
DR. MED. R. RICHTER
HEAD OF RADIATION DEPARTMENT II:
YI-LAN LIN
HEAD OF DIAGNOSTICS:
DR. MED. S. WALTER
HEAD OF MEDICAL PHYSICS:
DIPL.-PHYS. C. SKALSKY
ANAESTESIOLOGY:
DR. MED. M. ECKERMANN
CLINICAL QUALITY MANAGEMENT:
M. WILMS

POST ADDRESS:
Schaeftlarnstraße 133
81371 MÜNCHEN

Please note that your submitted data will be recorded, processed and used at the RPTC for the assessment of a possible treatment. Your data is treated strictly confidential in accordance with statutory regulations.

DIAGNOSIS **Please complete best possible. More content facilitates our handling. Should some documents be not available to you, we will, after receipt of this form, contact you in order to obtain a power of attorney to receive these documents directly from your physicians.**

Tumor-class? _____

Location? _____

Stage? _____

Completed diagnostics and treatments (please forward if available):

- Histology
- Latest medical reports
- DVD/CD of recent CAT-Scan, MRI-, PET-CT- or Szintigraphies
- Reports of CAT-Scan, MRI-, PET-CT- oder Szintigraphies
- Reports of earlier treatments (Surgery, Chemotherapy, Radiotherapy)

Please enclose/attach attuded physician shortements and available examinaton results, if available on CD/DVD. Please do not hand in large size x-ray films.

In case we need further diagnostics, we will perform these in the RPTC (e.g. CAT-Scan, MRI, PET-CT, Sonography, Labtests).

PHYSICIANS/HOSPITALS WHERE YOU WERE TREATED BEFORE:

Names: _____

Phone: _____ e-mail: _____

Specialisations: _____

IF YOUR PHYSICIAN HAS ANY QUESTIONS:

HOTLINE FOR PHYSICIANS: +49 (0)89 660 680

E-MAIL FOR PHYSICIANS: arzt@rptc.de

INSURANCE DATA

compulsory insurance

private insurance

Name of your health care provider

Health company no./company no.

Contract no.

Limitation of coverage

Person of contact (if available)

Phone number (if available)

If available, send us a copy of your insurance contract/card.

Appraisal of your documents

Our physicians will review your inquiry form and the attached documentation as soon as possible to decide if proton therapy may be advantageous for you under ordinary circumstances. We will inform you about the result within 5 working days. This appraisal does not yet constitute a contract for treatment.

Personal Consultation at the RPTC

Alternatively, you may bring all available documents in person and discuss your case with one of our specialists for radiation oncology at the RPTC. To schedule an appointment, kindly call us: +49 (0)89 660 680 or send us an e-mail: patient@rptc.de.

In case of problems...

Should you require assistance, please contact our team under +49 (0) 660 68 00. We are happy to arrange a telephone conversation with one of our radiation oncologists. (weekdays 9 a.m. to 3 p.m.)

ACCOMMODATION

RPTC Guest House

yes

no

Our Guest House is located just opposite of RPTC. It offers the standards of a 4 star hotel.

Due to the short distance to RPTC it provides a comfortable stay for patients and their companions.

Privacy Policy

Kindly submit the attached privacy policy form signed and dated together with this inquiry form.

In case of any questions:

HOTLINE FOR PATIENTS: +49 (0)89 660 680

E-MAIL FOR PATIENTS: patient@rptc.de

The Rinecker Proton Therapy Center will contact you. Submission and processing of this form does not yet constitute a treatment contract!

Please send this form to:

RINECKER PROTON THERAPY CENTER, Schaeftlarnstraße 133, 81371 München

You can also send us a fax to +49 (0)89 724 67-321 or a scan to patient@rptc.de