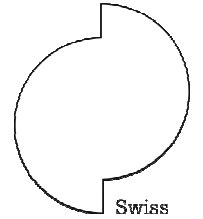


Double Check AG

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check@doublecheck.ch
www.doublecheck.ch

**DOUBLE
CHECK**



Swiss
Academic
Center
for
Checkups
and
Second
Opinions

Medical Second Opinion Request Form

on-site

remote

I request Double Check to provide a medical second opinion for the below mentioned patient:

Family name	
First name	
Date of birth	
Gender	
Address	
Postal code	
City	
Country	
Nationality	

CONTACT DETAILS

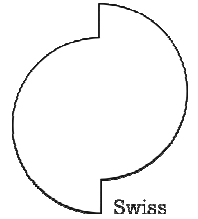
Telephone	
Mobile number	
E-Mail address	

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The patient confirms the correctness of the data with his/her signature.

Signature of patient or legal representative:

Preferred Method of contact:

- Home phone
 - Mobile phone
 - Email
-

Please send us your full medical information:

- Office visit Notes/Hospital summaries/History of current condition
 - Laboratory/Diagnostic Data
 - Radiology Films/Images and corresponding radiology reports
 - Pathology slides and reports
 - Surgical report
 - Current medications and dosage information
 - Others:
-

Patient Diagnosis:

History of Illness:

Questions:

Please do not hesitate to contact us by Email check@doublecheck.ch or phone +41 44 212 11 00 if you have further questions.

We would be glad to provide you with the best assessment and recommendation.