

Krankenkasse bzw. Kostenträger

Name, Vorname des Versicherten

geb. am

Kassen-Nr. Versicherten-Nr. Status

Betriebsstätten-Nr. Arzt-Nr. Datum

Dermatologie
Prof. Dr. R. Buslei
Prof. Dr. F. Kiewewetter
& Kollegium

- | | | |
|------------------------------------|---------------------------------|------------------------------|
| <input type="checkbox"/> ambulant | <input type="checkbox"/> Privat | <input type="checkbox"/> BG |
| <input type="checkbox"/> stationär | <input type="checkbox"/> KVB | <input type="checkbox"/> AOP |
| | <input type="checkbox"/> PostB | |

Eingangsnummer (Feld bitte leer lassen)

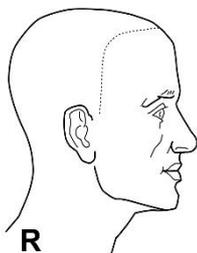
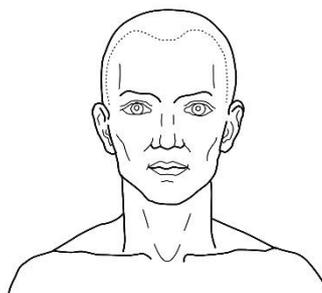
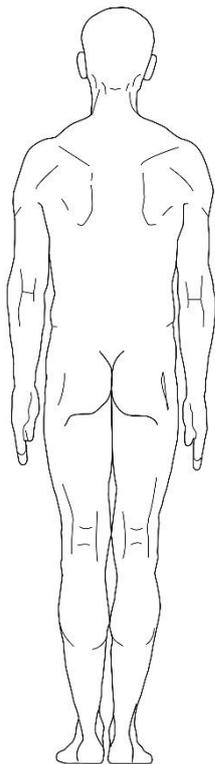
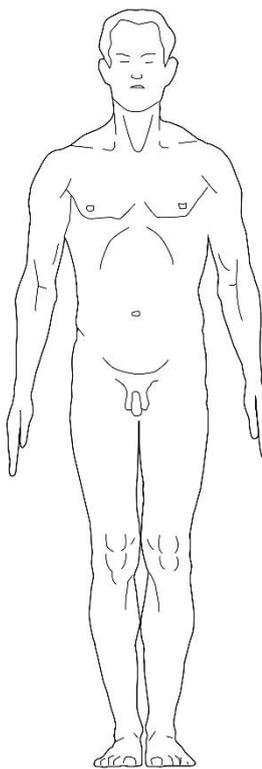
- Excidat PE Stanze Shave

Frühere Begutachtung in Bamberg:

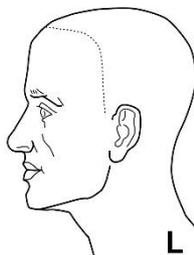
- Ja, im Jahr: _____
 Nein

Screening: Ja Nein

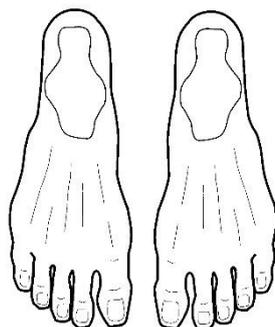
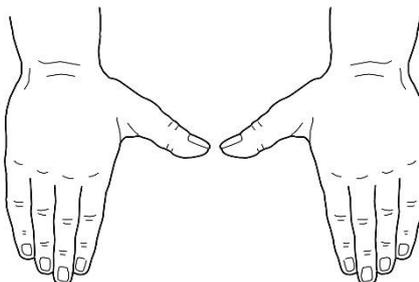
Klinische Diagnose und Fragestellung:



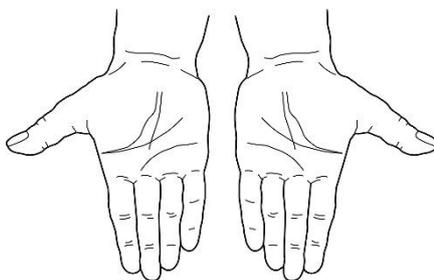
R



L



R L



R L

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

Stempel u. Unterschrift des Arztes