

Müllner Hauptstrasse 48 | 5020 Salzburg | Austria

EB House Austria

EB Outpatient Unit



General Hospital Salzburg Department of Dermatology of the Paracelsus Medical University Salzburg Head: Univ.-Prof. Dr. Johann W. Bauer, MBA

CONSENT FORM FOR THE TRANSMISSION OF FINDINGS

Name patient:	finding(s) and (as modical s	Date of birth:
I hereby agree , that finding(s) and/or medical report(s) by the EB-house Austria of		
		data of hirth.
□ my child:		date of birth:
□ the person	I'm trustee for:	date of birth:
may be transmitted to the following physician:		
Name:		
Address:		
 may be examined for genetic councelling, if necessary, by the competent medical staff of the EB-house Austria and discussed with the following person(s): 		
Name:		date of birth:
Name:		date of birth:
Name:		date of birth:
Date	Si	gnature of patient, legal guardian, trustee

All forms for requests for testing at the clinical genetics Salzburg, and all relevant information sheets are available in pdf format at www.eb-haus.org