DR. MED.
THORALF STANGE
REKONSTRUKTIVE NASENCHIRURGIE

Specialized Reconstructive Nasal Surgery
Nasal septal perforations, Rhinoplasty
Microscopic sinus surgery

HNO-ZENTRUM NEUSS.

HNO-Zentrum Neuss (surgical consultation)
Phone +49 176 9938 3643
EMail info@nasenseptumdefekte.de
www.nasenseptumdefekte.de

Operating locations
SCHÖN Klinik Düsseldorf
HELIOS Klinikum Krefeld

Dear Patient,

to prepare for the surgical consultation, I need some information from you. Please fill out the questionnaire as completely as possible, or correct any inaccurate details, and bring the form with you to the surgical consultation. Thank you!

Last name / First name:	Date of birth.:
Phone:	Mobile:
E-mail:	
Occupation:	Employer:
Referring ENT physician	

Pre-existing conditions (e.g. asthma, diabetes, rheumatism, heart attack, blood disorders, blood clotting disorders, pacemaker, stroke, infections: HIV, hepatitis):	Allergies:
Medications (exact name and dosage):	ENT surgeries (which, location and date of surgery):
Other surgeries:	

By signing below, I confirm that the information provided is complete and accurate, and I consent to the processing of my personal data.

Date ……..…….. Signature: ……..

Please also see the back page!

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Consent to Data Processing

Dr. med. Th. Stange has been providing continuing education for Nose surgeons (ENT specialists and plastic surgeons) at congresses and surgical courses since 2001. For this purpose, and for training, further education, and the ongoing development of surgical methods, the photographic documentation of clinical conditions, surgical procedures, and outcomes is essential. I consent to the creation and digital archiving (processing) of photographs and/or video recordings of myself for medical-scientific research purposes. These recordings will be created, processed, and used exclusively by Dr. Stange. Publication of photographs, video recordings, or case reports by Dr. Stange may take place in any printed materials (e.g. medical textbooks, medical journals), in video form, or in electronic media (e.g. e-books), and in scientific presentations. Any scientific publication of research findings will occur only in anonymized form; faces will be rendered unrecognizable.

I consent to the processing and the above-described publication of photographs and/or video recordings of myself for medical-scientific research purposes.

I agree that my medical and personal data may be used and processed by Dr. Stange in pseudonymized form for scientific research purposes. Such data includes, for example, the type and course of the condition, the treatment method (surgical technique), pre-existing conditions, age, and gender. The goal of this scientific research is to improve medical diagnosis and therapy, as well as quality of life during and after treatment. The data is stored in encrypted form, and only Dr. Stange has access to it.

I consent that, where necessary (e.g. for scheduling surgery appointments), my patient data may be transmitted by Dr. Stange to Schön Klinik in Düsseldorf and Helios Klinikum in Krefeld, and I agree that Dr. Stange may send medical letters to my treating ENT physician and provide telephone updates regarding the course of my treatment.

Notice and Right of Withdrawal

You may change or withdraw this consent to data processing and release from confidentiality, in whole or in part, at any time through our practice. Please note that any withdrawal cannot affect data already processed prior to the withdrawal.

Date: …….. Signature: ……..