

REGISTRATION FORM

Welcome to the Budapest Ultrasound! Before your examination please complete this form. Please let us know your medical history, previous illnesses below. Once completed, please give it to our assistant. Thank you!

1. Full name:
2. Place and date of birth:
3. Address: 3.1 TAJ number / Health ID No.:
4. Cell phone No.: Email:

5. Please mark your illnesses (if applicable):

hypertension, diabetes, high cholesterol level, gout, thyroid disease, heart disease, musculoskeletal disease, asthma, COPD, other:

6. List of your operations (for ex. 1985 appendectomy):

.....

7. Your current symptoms:

.....

8. Your US examination today (please mark):

Price (HUF)

- | | |
|--|--|
| <input type="checkbox"/> Ultrasound examinations (off working hours) | price of the requested US + 10 000 HUF |
| <input type="checkbox"/> Abdomen and Pelvis Ultrasound (trans-abdominal)* | 20 000 HUF |
| <input type="checkbox"/> Abdomen-Pelvis and inguinal Ultrasound* | 25 000 HUF |
| <input type="checkbox"/> Male Scrotum ultrasound* | 15 000 HUF |
| <input type="checkbox"/> Male penis and scrotum ultrasound* | 20 000 HUF |
| <input type="checkbox"/> Soft tissue ultrasound (1-2 region) * | 15 000 HUF |
| <input type="checkbox"/> Chest wall (pleura) and diaphragm motility ultrasound* | 20 000 HUF |
| <input type="checkbox"/> Complex neck US (thyroid&salivary glands, soft tissues, lymph nodes)* | 20 000 HUF |
| <input type="checkbox"/> Carotid doppler US* | 20 000 HUF |
| <input type="checkbox"/> Complex neck US and carotid Doppler US * | 20 000 HUF |
| <input type="checkbox"/> Ultrasound of the renal arteries* | 20 000 HUF |
| <input type="checkbox"/> Venous Duplex Ultrasound (both upper arm)* | 20 000 HUF |
| <input type="checkbox"/> Venous Duplex Ultrasound (both legs, DVTs)* | 20 000 HUF |
| <input type="checkbox"/> Peripheral Arterial scan (both upper arm)* | 20 000 HUF |
| <input type="checkbox"/> Peripheral Arterial scan (both leg)* | 20 000 HUF |
| <input type="checkbox"/> Peripheral Arterial and venous scan (both leg)* | 35 000 HUF |
| <input type="checkbox"/> Axillary ultrasound (lymph nodes)* | 15 000 HUF |
| <input type="checkbox"/> Inguinal ultrasound (lymph nodes)* | 15 000 HUF |
| <input type="checkbox"/> Knee ultrasound (one side)* | 20 000 HUF |
| <input type="checkbox"/> Ankle ultrasound (one side)* | 20 000 HUF |
| <input type="checkbox"/> SCREENING SMALL PACKAGE FOR MEN * | 50 000 HUF |
| <input type="checkbox"/> SCREENING SMALL PACKAGE FOR WOMEN* | 50 000 HUF |
| <input type="checkbox"/> SCREENING LARGE PACKAGE FOR MEN * | 60 000 HUF |
| <input type="checkbox"/> SCREENING LARGE PACKAGE FOR WOMEN* | 60 000 HUF |
| <input type="checkbox"/> MELANOMA (LYMPH NODE SCREENING PACKAGE)* | 60 000 HUF |
| <input type="checkbox"/> Consultation of external reports (for ex. US, CT, MR), second opinion | 15 000 HUF / report |

*Report in English or German language (applies for all examinations upon the price of the examination)? Please apply: (+20 000 HUF)

english german

*Do you need hard copy (CD) of the images? Please apply: (+3000 HUF / CD)

no yes

Before you enter to our consultation room...

- In case of abdominal and pelvic ultrasound examination please drink bubble-free water. Please do not eat, do not drink coffee, chocolate, alcohol now to have full gall bladder. We will ask you to remove your T-shirt. Shoes and pants might remain. If you have piercing in your abdomen, please remove it before the examination. In case of neck (thyroid) US please take off your necklace.
- Regular medications can be taken with bubble-free water.
- Please give us all your previous ultrasound, CT, MRI or X-ray examination reports.
- After the consultation you can only pay by cash. Thank you for your understanding.

9. Do you have health insurance card? No Yes

If yes, please apply your Hungarian private health insurance company:

- Allianz Egészségpénztár, Dimenzió Egészségpénztár, Generali Egészségpénztár, Medicina Egészségpénztár, MKB Egészségpénztár, OTP Egészségpénztár,
 Patika Egészségpénztár, Prémium Egészségpénztár, Tempó Egészségpénztár,
 Vitamin Egészségpénztár, Honvéd Egészségpénztár.

Name on your health insurance card:

No. of your health insurance card: :

10. Billing name and address:

11. Where did you hear about us?

- internet, friends, newspaper, pharmacy, family doctor, other:

12. If you found us online, what keywords did you use?

.....,,

13. Data Management: Due to the new European Union Privacy Policy, GDPR (General Data Protection Regulation), which entered into force on May 25, 2018, our company has also revised its data management policy and updated our data management policy at our website (www.budapestultrahang.hu) and also available in print format at our reception desk. You may withdraw your consent at any time in writing. Please tick the appropriate box:

I have read the data management information, I agree to the data management.

I do not consent to data management (in this case we cannot provide it due to lack of data).

14. I acknowledge that to the best of our knowledge, ultrasound has no adverse biological effects. I acknowledge that the effectiveness of ultrasound is different for different lesions, subject to maximum compliance with protocols, and is therefore not capable of detecting any abnormality at any given time with complete certainty. Certain diseases may remain hidden at any time, so a negative ultrasound finding cannot completely exclude the possibility of any organ malfunction. After the ultrasound examination, I definitely visit my physician.

15. I hereby declare that I have understood, accepted and requested the performance of the ultrasound examination. All my questions have been answered satisfactorily. I have no further questions. I do not wish to record the questions and the answers received.

Budapest, date:(day).....(month)(year) Signature:

Thank you for completing the form. Please give this paper to our assistant.

We will call you soon!

