

**Release 01.09.2014**

Health insurance or cost carrier

Surname, first name of the insured

born on

Cost unit identification

Insured person number

status

Establishment No.

Doctor No.

Date

diagnosis

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## Regulation of Hospital treatment

*(Only permitted if medically necessary)*

**2**

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Attending physician-  
treatment

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Emergency

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Accident,  
Consequences of accidents

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Supply  
suffering (BVG)

Nearest suitable hospitals

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**Binding template**

Contract doctor's stamp / doctor's signature

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***Please note the back!***

Sample 2a (10.2014)