Liver centre in Munich · Prof. Dr. Maria Christina Jung · Specialist in internal medicine
Sendlinger-Tor-Platz 9 · D-80336 Munich · Tel.: 089/37 42 67 10 · Fax: 089/37 42 67 09
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Consultations by arrangement

Liver centre
Prof. Dr. Christina Jung

Agreement on outpatient treatment

Surname of the patient: | Surname at birth:

First name: | Date of birth:

Post code: | Town or city:

Telephone, private: | Telephone, business:

E-mail adresse:

Medical insurance:

For treatment of minors, schoolchildren, students:
As the holder/sharer of parental authority for the patient mentioned above, I declare my consent to the arrangement described above and agree to fulfil the resulting payment obligations.

Name/address of parents

Previous treatment by:
General practitioner ◯ Other medical doctor ◯ Referring doctor ◯ Please provide full address for doctor's letter:

Outpatient personal consultation and treatment are agreed between the above-mentioned patient (or, in the case of minors, the above-mentioned legal guardian(s)) and Prof. Dr. Maria-Christina Jung.

I hereby grant my consent, which may be revoked at any time, that Prof. Dr. med. Maria-Christina Jung may provide the treatment data essential for billing, in particular data from the patient card (name, date of birth, address, medical insurer, findings and treatment histories), also insofar as this concerns „special types of personal data“ pursuant to Section 3(9) of the Federal Data Protection Act (BDSG) exclusively for the purpose of billing and collection to the billing office tasked accordingly. In this respect, I expressly release Prof. Dr. med. Maria-Christina Jung from her medical duty of confidentiality.

Place, date

Signature of the patient or legal representative (for patients who are minors: signature of the person entitled to custody)

Prof. Dr. M.- Chr. Jung

Admission and consulting performed by: