

Physicians Therapists Guide

Your current address and contact

NVP

Name of Practice

Name of Medical Practitioner

Street Address

ZIP Code, Town

Telephone

Fax

E-mail

URL

Speciality

Please correct in BLOCK letters

Name of Practice

Name of Medical Practitioner

Street Address

ZIP Code, Town

Telephone

Fax

E-mail

URL

Speciality

Area of expertise

PSYCHOLOGY

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Area of expertise

Applied languages

- German
 French
 Italian
 Spanish
 Russian

other: _____

Surgery

- Medical emergency service
 Home visits
 Hotel visits

Practice facilities

- ECG
 Laser

- Laboratory
 X-ray
 Ultrasonic

others: _____

Place, date

Seal / legally binding signature