GutSense
Ihre Gastroenterologische Praxis in Küsnacht

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Anmeldung zur:

- ☐ Consultative gastroenterological examination
- ☐ Oesophago-gastro-duodenoscopy
- ☐ Colonoscopy
- ☐ Sigmoidoscopy
- ☐ Proctoscopy
- ☐ Ultrasound
- ☐ Breath test (fructose, lactose, SIBO)
- ☐ Nutrtional consultation

Patient information
(patient label):

- Full name _____
- Date of birth _____
- Phone number _____
- E-mail address _____

Regular blood-thinning medication:

- ☐ Xarelto
- ☐ Marcoumar
- ☐ Clopidogrel
- ☐ Plavix
- ☐ Eliquis
- ☐ Lixiana
- ☐ Pradaxa
- ☐ Aspirin cardio

Reasons for the referral
and questions you may
have

Date _____
Referal doctor
E-mail _____