

Patienten-Anmeldung – Fax 030 – 688 39 475

Ich melde folgenden Patienten zu nachstehendem Projekt an:

Patientendaten:					
Geburtsjahr	<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>				
	Geschlecht <input type="radio"/> W <input type="radio"/> M				
Praxisinternes Pseudonym	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%;"> </td> </tr> </table>				
Bisherige RGB-Kennung	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%;"> </td> </tr> </table>				
	Therapiebeginn				

Krankenkasse

AOK
 BARMER
 BKK
 DAK
 IKK
 KKH
 Techniker Krankenkasse (TK)
 Andere: _____

Qualitätssicherungsprojekte (Register) für onkologisch tätige Praxen

Hämatologische Erkrankungen	
CLL	<input type="radio"/> <u>1st-line</u> <input type="radio"/> <u>2nd-line</u> <input type="radio"/> <u>andere:</u> _____
<input type="radio"/> Bendamustin <input type="radio"/> Bendamustin/ Rituximab <input type="radio"/> Bendamustin /Rituximab/ Prednison <input type="radio"/> Bendamustin/ Ofatumumab <input type="radio"/> FCR <input type="radio"/> Rituximab/ Chlorambucil <input type="radio"/> Idelalisib/ Rituximab	<input type="radio"/> Kombination: Bendamustin + _____ <input type="radio"/> Kombination: Rituximab + _____
Multiples Myelom	<input type="radio"/> <u>1st-line</u> <input type="radio"/> <u>2nd-line</u> <input type="radio"/> <u>andere:</u> _____
<input type="radio"/> Bendamustin <input type="radio"/> Bendamustin/ Prednison <input type="radio"/> Bendamustin/ Bortezomib <input type="radio"/> BVD (Bendamustin/ Bortezomib/ Dexamethason) <input type="radio"/> BRd (Bendamustin/ Lenalidomid/ Dexamethason) <input type="radio"/> Lenalidomid/ Bendamustin/ Prednison	<input type="radio"/> Kombination: Bendamustin + _____
Indolentes NHL	<input type="radio"/> <u>1st-line</u> <input type="radio"/> <u>2nd-line</u> <input type="radio"/> <u>andere:</u> _____
<input type="radio"/> follikuläres Lymphom <input type="radio"/> Morbus Waldenström <input type="radio"/> Marginalzonen-Lymphom <input type="radio"/> Mantelzell-Lymphom	
<input type="radio"/> Bendamustin <input type="radio"/> Bendamustin/ Rituximab <input type="radio"/> Rituximab <input type="radio"/> R-CHOP <input type="radio"/> R-MCP <input type="radio"/> FCR <input type="radio"/> DCR	<input type="radio"/> Kombination: Bendamustin + _____ <input type="radio"/> Kombination: Rituximab + _____

Datum	Stempel	Unterschrift
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