



LABOR ROTHEN

Am Puls der Patienten.

English

Schwanen Apotheke



1015911

Surname: _____

First name: _____

Date of birth: _____

Gender: M F

Address Nr.: _____

Zip code, Town: _____

Phone: _____

E-Mail: _____

Result shipping: Letter E-Mail

Result Copy: _____

Yes, I agree to receive additional information from Labor Rothen

Datum der Probenentnahme:

Zeit:

Visum:

Comment:

SARS-CoV-2 PCR (Symptoms)

Health insurance: _____

SARS-CoV-2 PCR (Travel etc.)

QR-certificate: Yes

No

SARS-CoV-2 Antibody

QR-certificate: Yes

No

Serum (1 venöses Röhrchen oder 2 volle kapillar Röhrchen)

I hereby declare my consent to the examinations that have been arranged and am informed of the self-supporting costs. I acknowledge that these benefits are not covered by basic insurance in accordance with the Health Insurance Act (KVG).

All prices do not include 7.7% VAT. These costs are added to the final amount. Prices are based on tariffs from the Federal List of Analyzes. Analysis directory see www.labor-rothen.ch

I hereby confirm that my information is correct and I agree that my data for the Covid certificate will be sent to the federal government and that the documents will be sent to my email address.

Date:

Signature: