Dr Iris-Alexandra Henkel General practitioner

Col. N° 03-0310483

Patient registration form

surname:
First name:
Date of birth:
Residential address in Spain:
If necessary, address for invoice:
N.B.: Please indicate which address should appear on invoices, prescriptions etc.)
Telephone (landline & mobile):
E-mail:
Allergies:
Permanent diagnoses:
NIE or passport number:(Please present the original document when registering)
How did you hear about us? (Information requested for statistical purposes)
The practice of Dr Iris-Alexandra Henkel is a private practice. All services are charged on a time and material basis.
All invoices must be paid immediately by the patient in cash.
We do not accept insurance cards from statutory insurance companies or E111 cards
I hereby declare my consent:
Denia, (Date) (Signature)