

Klinik / Praxis:



Data about the patient: Patientendaten:

ERCP

englisch

The procedure is scheduled for (date): Der Eingriff ist vorgesehen am (Datum):

Dear patients,

In order to clarify your discomforts, we recommend the examination of your bile ducts, gallbladder and pancreatic duct by means of X-ray contrast media (ERCP). Stones in the bile ducts, bile duct and pancreatic duct stricture, as well as tumors can be detected by this examination. Since the examination is conducted with the endoscope, like a gastroscopy, it is possible to treat changes immediately. This information about the course of the examination/treatment, possible occurrences and measures of conduct before and after the endoscopy should prepare you for the interview with the physician. Possibly, a short movie will be presented to you, too. During the interview, the physician will explain advantages and disadvantages of the planned procedure in comparison to alternative methods and will explain risks which are specific to you, as well as possible complications. He/she will answer your questions in order to allay your fears and concerns. Then you can give or refuse consent to the proposed examination/treatment.

Please, read the following information and complete the form carefully. All personal data shall be processed as confidential information. The Physician will hand over to you a copy of the completed and signed form after the interview.

COURSE OF EXAMINATION ABLAUF DER UNTERSUCHUNG

Examination is conducted using an endoscope. It is a flexible, thin tube which is controlled by the physician and equipped with a tiny camera and light source on the top. The camera transmits the image on the monitor, so that the physician can watch and control the examination and treatment.

First, a permanent venous cannula is placed on your forearm. A sedative and/or pain killer is administered through it. Additional oxygen may be supplied through nasogastric probe. In order to facilitate the insertion of the endoscope, your pharynx will be sprayed with a local anaesthetic. An anaesthetic agent for the procedure (e.g. Propofol or Dormicum®) is usually injected through venous cannula, which is the reason why you will be in a condition similar to sleep. The effect last for a few minutes. If necessary, injecting will be repeated. To protect your teeth, you will get a mouth guard. It also prevents accidental biting through the endoscopic tube. For your safety, short-term fixation, e.g. of your hands may be necessary.

The endoscopic tube is inserted into the mouth, through esophagus, stomach and upper part of the small intestine into the duodenum (Figure 1). The outlet channels of the gallbladder and pancreas meet in the duodenum, mainly at the shared mouth, in the case of so-called major duodenal papilla. Through the working channel of the endoscopic tube, a narrow tube (catheter) is inserted through the papilla into the bile duct and possibly in the pancreatic duct. By injection of the contrast medium, the bile duct and gall bladder, as well as pancreatic ducts can be seen on X-rays. Thus, changes can be detected in this region.

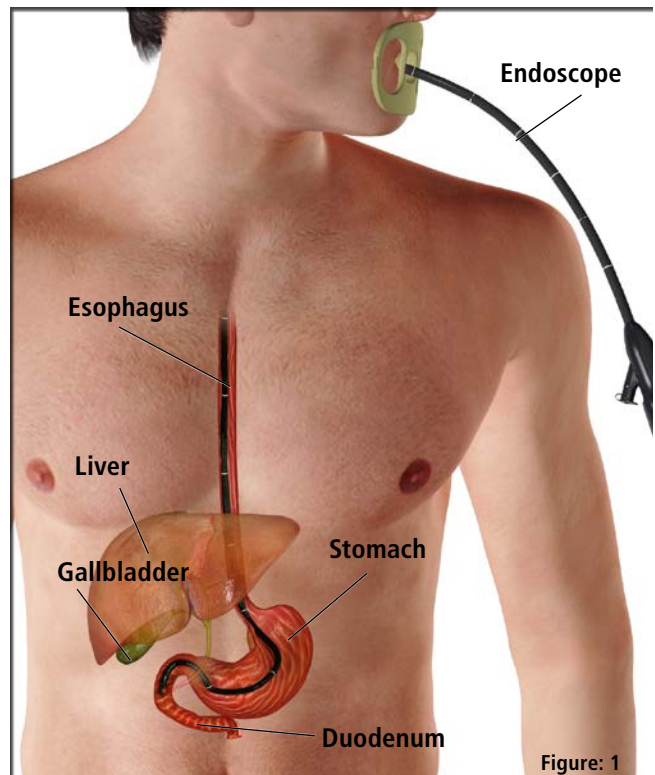


Figure: 1

COURSE OF TREATMENT ABLAUF DER BEHANDLUNG

The advantage of endoscopy is that pathological changes and disorders can be partially treated immediately. Possible therapeutic measures are as follows:

- **Papilla incision**
If the stones in the gallbladder or pancreas block the major duodenal papilla, the opening of the papilla can be incised using an electric wire, so that stones can pass on their own or be removed more easily.
- **Removal of stones from the gallbladder's duct / pancreatic duct**
If, after incision of the papilla, stones do not pass on their

own, then they can be removed, for example by using a stretched wire basket (Figure 2) or a balloon or fragmented using various instruments.

- **Dilatation of the bile duct / pancreatic duct**

Strictures in the system of bile ducts and pancreatic ducts can be dilated with a small balloon or a flexible stick. Thus, discharge of fluid from the gallbladder or pancreas shall be made easier.

- **Insertion of the plastic or metal prosthesis**

In order to keep the strictures permanently passable, additional tubules can be put in the duct system (Figure 3). In some cases, plastic prostheses must be changed regularly (e.g. every three months).

- **Drainage of bile fluid or through nasal probe**

A thin plastic tube is inserted into the bile duct and laid through the stomach, esophagus, pharynx and nose. Bile fluid can be drained through that plastic tube.

- **Tissue sampling**

Tissue samples (biopsy) can be taken in the region of the major duodenal papilla if, for example, a tumor is suspected.

ALTERNATIVE PROCEDURE ALTERNATIV-VERFAHREN

By external examination, e.g. using ultrasound, X-ray, computed tomography or nuclear spin tomography, strictures or stones in the gallbladder can be detected, but cannot be treated. Also, using these procedures, it is only possible to drain fluid from the gallbladder and pancreas with the help of external puncture. Therefore, these procedures do not constitute a real alternative to ERCP.

PROSPECTS OF SUCCESSFUL TREATMENT

ERFOLGSAUSSICHTEN

Today X-ray exams that use an injection of contrast medium and endoscopic treatment of bile duct and pancreatic duct are routine procedures. Stones blocking the bile ducts or jammed up bile fluid are generally treated successfully. Depending on the outcome of the examination, it may be necessary to repeat the procedure or apply some other method of treatment.

ADVICE FOR PREPARATION AND FOLLOW-UP CARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please respect the physician and medical staff's advice. Unless otherwise specified, please note the following advice:

Preparation:

Your stomach must be empty **for the examination**. Please do not eat, drink or smoke at least 5 hours before the examination. Small amounts of clear liquids, such as water are permitted up to 2 hours before the examination.

Medicine administration: It is important to inform your Physician which medicines or injections you are currently taking (especially anti-clotting medicines, such as Aspirin® [ASS], Marcumar®, Heparin, Plavix®, Xarelto®, Predaxa® etc.). The Physician will inform you if and for how long you should discontinue the therapy.

Aftercare:

If you get an anaesthetic for your pharynx, you must not eat or drink for 2 hours after the procedure, as there is a risk of choking. Irritation to vomiting, burning sensation in the pharynx or pain due to residual air in the stomach and the intestine are temporary and they are not a reason for anxiety. Please, inform the physician immediately in case of **temperature, severe pain in the upper part of abdomen, nausea, impaired circulation, yellow colour of the skin or whites of the eyes, or blood vomiting**. Problems can also occur several days after the procedure and require an urgent treatment.

In order to prevent infection of the liver or pancreas, in some cases it is necessary to take antibiotics.

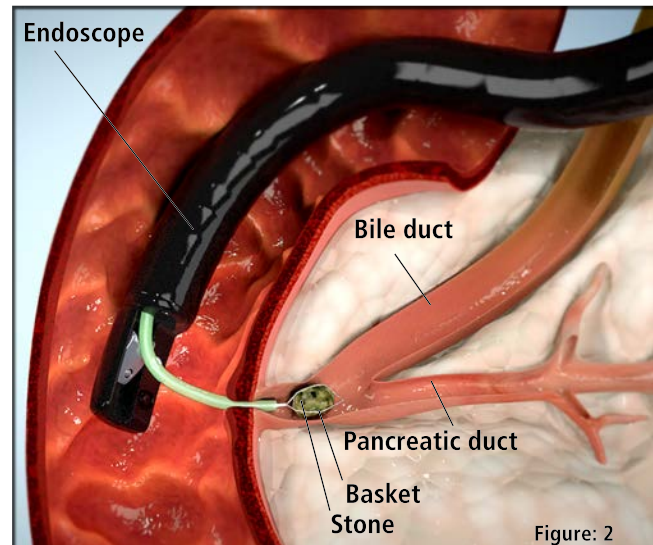


Figure: 2

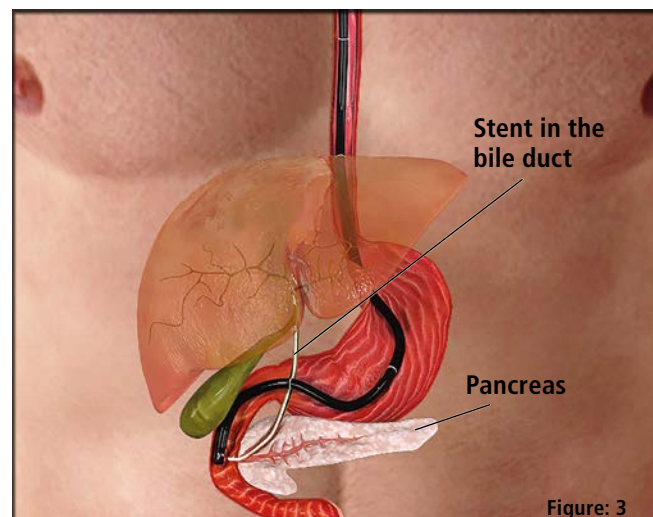


Figure: 3

If you have received a painkiller and/or a sedative in case of an **out-patient intervention**, it is necessary that an adult picks you up. Make sure that someone is also accompanying you at home during the period recommended by the physician. Since the response capacity is limited due to administration of pain killers and/or sedatives, you must not actively participate in road traffic (not even as a pedestrian) and perform risky activities **for 24 hours after the procedure**. Furthermore, during this period you should not drink alcohol and should avoid making important personal or financial decisions.

When using certain sedatives, you might not remember the procedure or a short time before (retrograde amnesia).

POSSIBLE RISKS, COMPLICATIONS AND SIDE EFFECTS

RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well known that every **medical treatment involves some risks**. If complications occur, they may require additional measures of treatment or operation and in an extreme case, in the further course - can be **fatal** or lead to permanent damages. Please understand that we have to mention all risks specific to the intervention due to legal reasons, although partly they relate only to exceptions. Your physician will explain in more detail risks which are specific to you during the interview. However, you can also refuse detailed explanation. In that case, skip this chapter on risk and confirm that at the end of the explanation.

Injuries of larynx, esophagus, stomach, duodenum or injuries related to dilatation of the bile duct or removal of gall stones are rare, even with pathological changes. If, for example, piercing

of the abdominal or chest cavity does happen, an operation may be necessary and life-threatening infections can also occur. **Infections** may occur at the injection site, e.g. of the permanent venous cannula. They are usually successfully treated with antibiotics. Rarely, germs can be spread into the blood and life threatening blood poisoning (sepsis) or inflammation of the inner lining of the heart (endocarditis) can occur.

As a result of the operation or injection of contrast medium, **inflammation of the pancreas** or **bile ducts** may occur, with discomforts in the upper part of abdomen, nausea and temperature. Inflammation is usually harmless and can be treated successfully with medicines.

Blockage of the bile ducts, for example due to remaining stones in the bile, can often lead to jaundice and itching. Infections may occur due to obstruction in the bile ducts.

Bleeding after tissue sampling, measures of treatment or smaller injuries is usually detected and immediately stopped. However, bleeding can also occur later, after the end of the procedure. Sometimes it may be necessary to expand or repeat the procedure and in case of severe loss of blood, transfer of blood derivatives (**blood transfusion**) is needed. This may lead to infections with pathogens, such as, very rarely hepatitis viruses (causative agent of dangerous inflammation of the liver), extremely rarely HIV (the causative agent of AIDS), BSE (causative agent of variant Creutzfeldt-Jakob), or other dangerous – also unknown– causative agents.

Damages of skin, soft tissues or nerves (e.g. due to injection, disinfectants, application of electric operational instruments or position of the patient) are rare. The consequences can be disturbance of sensation, numbness, partial paralysis and pain. They generally tend to be temporary. Damage of nerves or scars are rare.

Allergic reactions (reactions of intolerance), for example to medicines (contrast media, painkillers, sedatives) are possible. The consequences can be skin rashes, itching, swelling, as well as nausea and cough. Severe reactions, such as suffocation, spasms, tachycardia or vascular shock are rare. Due to circulatory disturbances and despite urgent medical intervention, it may lead to temporary or permanent damages of organs, such as brain damage, paralysis or kidney failure.

The level of radiation from X-rays is kept as low as possible to allow for repeated procedure. There are no reliable findings on subsequent consequences. In case of pregnancy, it may cause damage to the unborn child.

Administration of anaesthetics and sedatives may cause **breathing disorders or a reaction of the cardiovascular system**

tem (e.g. drop in blood pressure, slow heart rate) with **nausea and vomiting**. This is usually solved by supplying oxygen or medicines. In case of **respiratory arrest**, mechanical ventilation is necessary in order to prevent brain damage. In extreme cases, despite urgent intervention, damage to organs (kidney or brain damage) can occur.

Also, transition of stomach contents into the windpipe may, in exceptional cases, lead to **pneumonia**.

Damages to the teeth from the endoscope are very rare. In the case that one's teeth are loose, they may **fall out**.

After incision of the papilla, **scarring narrowings** or **inflammatory reactions** can occur, which requires additional therapeutic measures.

Inserted **prostheses** for drainage from the gallbladder can be blocked and in such a case must be removed or replaced with a new prosthesis. A prosthesis can also **change its position** and thus lose its function or lead to injuries in the system of ducts or intestines. In such a case, it may be necessary to remove it surgically.

Important Questions for Outpatient Procedures

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/ clinic/doctor's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

Where will you be able to be reached during the 24 hours after the procedure? Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

postcode, place, Street, house number, : [PLZ, Ort, Straße, Hausnummer]

Telephone: [Telefonnummer]

Name and age of the person looking after you: [Name und Alter der Aufsichtsperson]

Who is your physician (the one whose care you are in/who referred you/family doctor)? Wer ist Ihr weiter betreuender Arzt/ überweisender Arzt / Hausarzt?

Name: [Name]

Street, house number: [Straße, Hausnummer]

Postcode, place: [PLZ, Ort]

Telephone: [Telefonnummer]

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks of treatment in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days? yes no

Aspirin® (ASS), Heparin, Marcumar®,
 Plavix®, Ticlopidin, Clopidogrel, Xarelto®,
 Pradaxa®.

Angaben zur Medikamenteneinnahme: Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt? Aspirin® (ASS), Heparin, Marcumar®, Plavix®, Ticlopidin, Clopidogrel, Xarelto®, Pradaxa®.

Other: Sonstiges: _____
Sonstiges:

When did you take the last dose? _____
Wann war die letzte Einnahme?

Do you take any other medications? yes no

Nehmen Sie andere Medikamente ein?

If so, which ones: _____

Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.)
(Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Have you ever had an operation on the **oesophagus, stomach or intestine?** yes no

Wurden Sie schon einmal an **Speiseröhre, Magen oder Darm** operiert?

Have you ever had a gastroscopy? yes no

Wurde bei Ihnen schon einmal eine **Magenspiegelung** durchgeführt?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

If so, what complications? _____
Wenn ja, welche?

Have you had recent X-rays of the same area? yes no

Wurden Sie in letzter Zeit im selben Bereich geröntgt?

If you have an X-ray passport, please bring it with you.
Sollte ein Röntgenpass vorliegen, bitte mitbringen!

Have you ever received a sedative, such as for a gastroscopy or a colonoscopy? yes no

Haben Sie schon einmal, z.B. bei einer Magen- oder Darmspiegelung, ein Beruhigungsmittel erhalten?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

If so, what complications? _____
Wenn ja, welche?

Have you ever had contrast material? yes no

Haben Sie schon einmal ein Kontrastmittel erhalten?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

If so, what complications? _____
Wenn ja, welche?

Do you have any metal implant (such as artificial hip)? yes no

Haben Sie ein Metallimplantat (z. B. eine künstliche Hüfte)?

Do you drink alcohol regularly? yes no

If so, what and how much daily: _____
Trinken Sie regelmäßig Alkohol? Wenn ja, was und wie viel täglich:

Do you smoke? yes no

If so, what and how much daily: _____
Rauchen Sie? Wenn ja, was und wie viel täglich:

Are you pregnant? not certain nicht sicher yes no

Besteht eine Schwangerschaft?

Do you have or have you ever had any of the following diseases or symptoms thereof:

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

increased tendency to bleed (e.g. frequent nose-bleeds, increased bleeding after surgery, minor wounds or dental treatment), tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung? Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung), Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Allergies / Oversensitivity? yes no

Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons) pollen (grass, trees), anaesthetics, metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Other: _____
Sonstiges:

Heart, circulatory or blood vessel diseases? yes no

Heart attack, chest pain and/or tightness (angina pectoris), heart defect, irregular heart rhythm, heart valve disease,

heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator), high blood pressure, low blood pressure.

Herz-/Kreislauf-/Gefäß-Erkrankungen? Herzinfarkt, Angina pectoris (Schmerzen im Brustkorb, Brustenge), Herzfehler, Herzrhythmusstörungen, Herzklappenerkrankung, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck.

Other: _____
Sonstiges:

Diseases of the respiratory tract (breathing passages) or lungs? yes no

Asthma, chronic bronchitis.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis.

Other: _____
Sonstiges:

Metabolic diseases? yes no

Diabetes (sugar sickness), gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Other: Sonstiges: _____

Thyroid diseases? yes no

Underactive thyroid, overactive thyroid.

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion.

Other: _____
Sonstiges:

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Other: _____
Sonstiges:

Damages to teeth / dental prostheses? yes no

Cavities, paradontosis, loose teeth, crown, bridge, implant, pivot tooth, removable artificial teeth.

Zahnschäden/Zahnersatz? Karies, Parodontose, lockere Zähne, Kronte, Brücke, Implantat, Stiftzahn, herausnehmbarer Zahnersatz.

Other: _____
Sonstiges:

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____
Bitte kurz beschreiben:

Medical documentation for the informative interview

Ärztl. Dokumentation zum Aufklärungsgespräch

To be completed by the doctor Wird vom Arzt ausgefüllt

Über folgende Themen (z.B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativ-Methoden, mögliche Konsequenzen, wenn der Eingriff verschoben oder abgelehnt wird) habe ich den Patienten im Gespräch näher aufgeklärt:

ASA-01 ASA-02 ASA-03 ASA-04 ASA-05

Planned Procedures: Folgende Maßnahmen sind geplant:

- X-ray contrast media of bile ducts / pancreatic duct
Röntgenkontrastdarstellung der Gallen-/Bauchspeicheldrüsengänge
- papilla cleavage Papillenspaltung
- removal of stones from the gallbladder Entfernung von Gallensteinen
- expansion of bile ducts / pancreatic duct
Aufdehnung von Gallen-/Bauchspeicheldrüsengängen
- insertion of prosthesis in the bile ducts / pancreatic duct
Einlage einer Prothese in einen Gallen-/Bauchspeicheldrüsengang

Capability to give wilful consent:

Fähigkeit der eigenständigen Einwilligung:

- The patient is capable of making decision on the recommended procedure by himself/herself and issuing its consent for the procedure. Der/Die Patient/in besitzt die Fähigkeit, eine eigenständige Entscheidung über den empfohlenen Eingriff zu treffen und seine/ihre Einwilligung in den Eingriff zu erteilen.
- The patient is represented by the guardian, i.e. tutor with the evidence of guardianship. Such person is capable of making a decision on behalf of the patient. Der/Die Patient/in wird von einem Betreuer bzw. Vormund mit einer Betreuungsurkunde vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne des Patienten zu treffen.

City, date, time [Ort, Datum, Uhrzeit]

Doctor's signature [Unterschrift der Ärztin/des Arztes]

Refusal by the patient Ablehnung des/der Patienten/in

Dr. _____ has thoroughly informed me about my illness, possible treatment options, the proposed procedure and about the disadvantages of my refusal. I have understood the advantages and the risks and complications of the planned procedure, alternative methods, and the possible disadvantages of refusing to undergo the procedure, and have been able to discuss the information provided to me with the physician.

Frau/Herr Dr. _____ hat mich umfassend über meine Erkrankung, die Behandlungsmöglichkeiten, den vorgeschlagenen Eingriff und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die Vorteile und die Risiken und Komplikationen des geplanten Eingriffes, die alternativen Methoden und

die möglichen Nachteile einer Ablehnung des Eingriffes verstanden und konnte meine Erkenntnisse über die mir erteilten Informationen mit dem Arzt diskutieren.

City, date, time [Ort, Datum, Uhrzeit]

Signature of the patient/guardian/tutor/possible witness
[Unterschrift der Patientin / des Patienten / Betreuer / Vormund / ggf. des Zeugen]

Statement and consent of the patient

Erklärung und Einwilligung des/der Patienten/in

Please tick the appropriate fields and confirm your statement with a signature: Bitte kreuzen Sie die zutreffenden Kästchen an und bestätigen Sie Ihre Erklärung anschließend mit Ihrer Unterschrift:

- I hereby confirm that I have understood all parts of this explanation for patients.** I have carefully read these explanations (5 pages) and have answered the questions regarding my medical history (anamnesis) to the best of my knowledge. In my conversation with Dr. _____ I was thoroughly informed about the course of the planned procedure, its risks and complications for my particular case, and about the advantages and disadvantages of alternative procedures.

Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe. Diesen Aufklärungsbogen (5 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit Frau/Herrn Dr. ___ wurde ich über den Ablauf des geplanten Eingriffes, dessen Risiken und Komplikationen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativ-Verfahren umfassend informiert.

- I have seen and understood the information film about the planned treatment. Den Informationsfilm über die bei mir geplante Behandlung habe ich gesehen und verstanden.

- I deliberately renounce a detailed explanation.** However, hereby I confirm that the doctor whose patient I am, informed me about the necessity of the procedure, type and scope, as well as circumstances, risks that this type of procedure entails and possible alternatives. **Ich verzichte bewusst auf eine ausführliche Aufklärung.** Ich bestätige hiermit allerdings, dass ich von dem behandelnden Arzt über die Erforderlichkeit des Eingriffes, dessen Art und Umfang sowie über den Umstand, dass der Eingriff Risiken birgt, sowie über mögliche Alternativen informiert wurde.

I confirm that I do not have additional questions and that I do not need additional time to make a decision. I agree with the proposed Examination/Treatment. I also agree with all necessary auxiliary and subsequent measures. I answered the questions about my medical history (anamnesis) completely to the best of my knowledge. **Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkzeit benötige. Ich stimme der vorgeschlagenen Untersuchung/Behandlung zu.** Ich willige ebenfalls in alle notwendigen Neben- und Folgemaßnahmen ein. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also refers to necessary changes or extensions of the procedure, e.g. treatment in case of pathological findings.

Meine Einwilligung bezieht sich auch auf die erforderlichen Änderungen oder Erweiterungen des Verfahrens, z. B. das Behandeln von krankhaften Befunden.

I confirm that I am capable of respecting the doctor's advice. This especially relates to the **prohibition of active participation in traffic for 24 hours after the outpatient's procedure, if pain killers and / or sedatives are given.** Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen. Dies gilt insbesondere **für das Verbot einer aktiven Teilnahme am Straßenverkehr für 24 Stunden nach einem ambulanten Eingriff, wenn Schmerz- und/oder Beruhigungsmittel verabreicht wurden.**

- I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

E-Mail-Adresse

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of patient/legal guardian(s)
[Unterschrift Patient/in/Betreuer/Vormund]

Copy/Kopie: received/erhalten
 waived/verzichtet

Signature of patient/legal guardian(s)
[Unterschrift Patient/in/Betreuer/Vormund]