

Klinik / Praxis



Data about the patient: Patientendaten:

englisch

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

Dear patient,

for the purpose of further clarification, we recommend to you a hysteroscopy and/or curettage of the uterus, as a treatment for your discomforts or as a preparatory diagnostics for planned measures. You will discuss with your doctor if hysteroscopy and/or curettage should be performed in your case.

This information should help you prepare for a talk with the surgeon. During the talk, the surgeon will explain the advantages and disadvantages of the planned treatment in comparison to alternative methods, as well as the involved risks. He/She will answer your questions in order to reduce your fears and concerns. Then you can give or refuse consent to the proposed treatment. The surgeon will give you a copy of the completed and signed form after the talk.

REASONS FOR HYSTEROSCOPY AND/OR CURETTAGE GRÜNDE FÜR EINE GEBÄRMUTTERSPIEGELUNG UND/ODER AUSSCHABUNG

Several risks may exist for hysteroscopy and/or curettage:

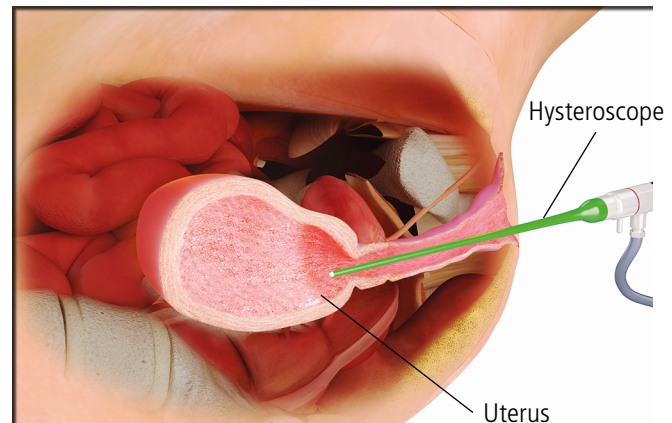
- Medically indicated abortion or removal of residual tissues, if there are any, after the abortion
Entfernung einer nicht mehr intakten Schwangerschaft und/oder Entfernung von eventuell zurückgebliebenen Geweberesten nach einem Abgang (Abortabrasio)
- Taking tissue for histological examination, e.g. in case of temporary irregular bleeding, bleeding after the menopause (postmenopausal bleeding) or in case the results of the gynaecological smear test indicate cancer
Gewebegewinnung zur histologischen Untersuchung z. B. bei irregulären Zwischenblutungen, Blutungen nach der Menopause (Postmenopausenblutung) oder bei Auffälligkeiten des gynäkologischen Krebsabstriches
- Examination of the uterine cavity in case of (unfulfilled) wish for child
Untersuchung der Gebärmutterhöhle bei (unerfülltem) Kinderwunsch
- Therapy in case of heavy bleeding (hypermenorrhoea) in order to prevent bleeding
Therapie bei sehr starken Blutungen (Hypermenorrhoe) um Blutungsfreiheit zu erreichen
- Removal of benign and malignant changes in the mucosa of the uterus and/or uterine cavity (polyps, myomas)
Entfernung von gut- und bösartigen Veränderungen der Gebärmutter Schleimhaut und oder der Gebärmutterhöhle (Polypen, Myome)
- Other: _____

COURSE OF EXAMINATION/TREATMENT ABLAUF DER UNTERSUCHUNG/BEHANDLUNG

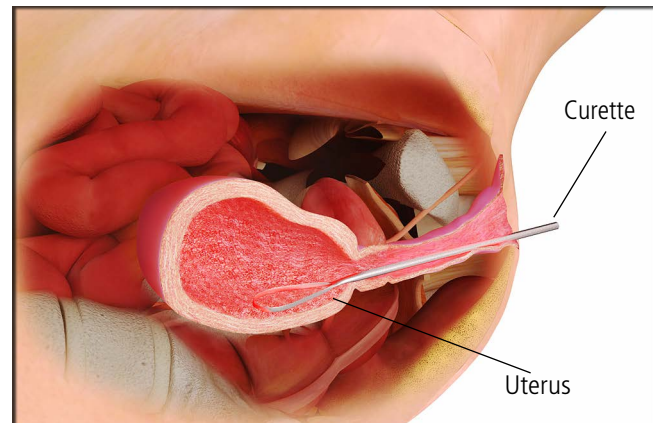
Hysteroscopy and/or curettage can be performed under general anaesthesia (narcosis) or regional anaesthesia (peridural or spinal anaesthesia). The procedure can also be done under local anaesthesia (local anaesthesia, paracervical block). Diagnostic hysteroscopy can be done without narcosis. The anaesthesiologist will inform you about general or regional anaesthesia separately.

The procedure will begin when you are under narcosis or when enough anaesthetics have been administered to you. You will be lying in a position similar to the gynaecological check-up, the so-called lithotomy position. If the hysteroscopy and curettage

are performed through the vagina, an abdominal cut will not be necessary.



At the beginning of the surgery, it may be necessary to slightly stretch the opening of the uterine cavity in some cases. This is done with thin, smooth metal rods of different sizes in order to enable the insertion of the camera and surgical instruments.



If the **curettage is performed in the case of an early pathological pregnancy** or for the purpose of removing any residual tissue after the miscarriage, occasionally before the surgery on the cervix, preparations are made by means of medicine (usually Prostaglandin pills) in order to soften the tissue. In this way, the uterine opening will be under less pressure, thus preventing the risk of injury to the uterus or muscular structures of the cervix. The surgeon will carefully remove the residual tissue from the uterine cavity through the uterine opening using a spoon-shaped instrument with sharp edges (curette).

In case of a **hysteroscopy** the surgeon will insert a very small optical instrument, which has a camera (hysteroscope) on its end and pass it through the vagina and cervix into the uterus. By rinsing with pre-warmed salt solution, the uterine cavity will open. The inner wall of the uterus can be seen on the screen. Thus, if any foreign bodies, myomas, polyps, accretions or alterations in the mucosa of the uterus are present, they can be localized and removed. In order to perform this, it is necessary to insert a slightly larger hysteroscope into the uterus and to remove the tissue by mechanical or electric loop. It is also possible to observe the canals of the fallopian tubes.

If the patient is not pregnant, the **curettage** will be performed by the removal of the uterine mucosa and a histological examination of the mentioned tissue.

In most cases, the patient can go home on the same day after a few hours of medical supervision.

POSSIBLE ADDITIONAL MEASURES

MÖGLICHE ERWEITERUNGSMASSNAHMEN

Sometimes unexpected medical findings can be detected during the procedure and they can be treated or clarified during the procedure itself. If possible, the surgeon will apply additional measures in order to avoid a revision surgery procedure. We kindly ask you to give your consent for the above mentioned additional procedure as well.

ALTERNATIVE PROCEDURE ALTERNATIVMETHODEN

Imaging procedure:

Outside examination using various imaging procedures e.g. ultrasound, X-rays, computed or nuclear spin tomography cannot replace direct assessment of the uterine cavity by means of hysteroscopic camera. In addition, direct tissue sampling and removal of diseased tissue is not possible in that way.

Medication therapy:

In some cases medication therapy is possible as an alternative procedure, but also as a preparation for surgery. Thus there is the possibility to minimize the myomas by administering medicines, in order to facilitate or avoid the surgery.

Bleeding disorders can be occasionally treated with hormones.

Also, it may be possible to treat abortion with medicines in early pregnancy in order to avoid the curettage.

The surgeon will be glad to explain why hysteroscopy and/or curettage are recommended in your case.

PROSPECTS FOR SUCCESSFUL TREATMENT

ERFOLGSAUSSICHTEN

Hysteroscopy and/or curettage are routine procedures nowadays. They can be used to reliably detect and treat a large number of alterations.

However, it is possible that the examination cannot be done, e.g. due to pathological growth or findings, or can be done only partly or pathological changes can be overlooked. Depending on the findings of the examined tissue samples, additional therapeutic measures may be necessary.

ADVICE FOR PREPARATION AND FOLLOW-UP CARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

We kindly ask you to follow the instructions of the surgeon and medical staff responsible for providing care to patients. Unless otherwise provided, please pay attention to the following advice:

Preparation:

Administration of medicines: It is important to inform your surgeon which medicines you are currently taking or injecting (especially anti-clotting remedies, such as Aspirin® [ASS], Plavix®, Xarelto®, Pradaxa®, Eliquis®, Marcumar, etc., antidiabetics containing metformin, the so-called "Biguanides" for diabetic patients) or which medicines you have taken irregularly in the last 8 days prior to the procedure. This includes any medicines without prescription and herbal remedies. The surgeon will inform you if, and for how long, you should discontinue the intake.

Intake of food, drink and smoking: At least 6 hours before the surgery, you must not eat (not even soup, sweets, such as candies, chewing gums), take beverages, such as juice with pulp, milk, thick soups or alcohol and you are not allowed to smoke. Clear liquids in small quantities (e.g. 1-2 cups of water or unsweetened tea) are allowed up to 2 hours before the surgery).

Aftercare:

In case of an outpatient procedure, the surgeon will inform you from which activities you should restrain after the treatment.

Possible **pain** - especially in the form of menstrual pain - after hysteroscopy and/or curettage can successfully be reduced with medicines.

After the procedure, **do not eat and drink at least for 4 hours**.

Please inform the surgeon immediately if you have a **high temperature, severe abdominal pain, nausea or circulatory discomforts**. Problems can appear even several days after the procedure and they require treatment.

If you have received an anaesthetic, sedative and / or painkiller, in case of an **outpatient surgery**, it is necessary for an adult to pick you up. If not otherwise prescribed, you must not actively participate in road traffic (not even as a pedestrian) and you must not perform risky activities or make important decisions **for 24 hours after the surgery**.

Make sure that someone is staying with you at home during the period recommended by the surgeon.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

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

In rare cases - precisely due to the removal of large myomas or polyps – **excessive accumulation of water in the body** may occur. Usually it will pass on its own, while occasionally medication therapy may be necessary. In very rare cases water can be accumulated in the lungs (pulmonary edema), which can be potentially life-threatening and require intensive medical treatment.

In rare cases, during hysteroscopy and/or curettage, **perforation of the uterine wall** can happen. In such cases, injuries of the

surrounding organs (intestine, bladder, ureter) might occur. Then it may be necessary to perform a gastroscopy or very rarely an incision of the abdomen. Injury to the intestine can lead to dangerous inflammation of the peritoneum (peritonitis). In extreme cases, insertion of an artificial opening of the intestine (ileostomy) may be necessary. **Injury of the bladder and ureter** may lead to fistula formation (unnatural connections). Therefore, urine may leak into the abdominal cavity or through the vagina. Additional surgical measures may be necessary.

Infections are rare and they are usually successfully treated with antibiotics; surgery is rarely necessary. In extreme, exceptional cases, non-controllable infection with **life threatening blood poisoning** (sepsis) and even inflammation of the inner lining of the heart (endocarditis) can occur.

Urinal obstruction (inability to empty the bladder), difficult urinal flow or urinal obstruction in the kidneys rarely occur after the operation. This is usually resolved by temporary drainage of urine through a catheter. Permanent damages occur extremely seldom.

Damage of the skin, soft tissues or nerves (e.g. by injection of medicines, application of disinfectants, application of electric surgical instruments or despite the appropriate position of the patient) are rare. The consequences can be disturbance of sensation, numbness, partial paralysis and pain. They generally ease off. Permanent damage of nerves or scars are very rare.

Bleeding from the uterine cavity, e.g. due to injury of blood vessels, is usually detected instantly and stopped. In case of heavy bleeding it may be necessary to extend the surgery and stop bleeding. In extreme cases, it may be necessary to remove the uterus. After curettage, sometimes light bleeding may occur, which, as a rule, is not dangerous and disappears after a few days. Heavier subsequent bleeding that may require further treatment occurs rarely.

Occasionally, in the case of **high blood loss** and/or pre-existing anemia, donor blood (**blood transfusion**) may be necessary. This may lead to infections with pathogens, such as, very rarely hepatitis viruses (dangerous inflammation of the liver), extremely rarely HIV (AIDS), BSE (Creutzfeldt-Jakob), or other dangerous - sometimes unknown - germs.

Accretions in the region of the uterine cavity will be removed during hysteroscopy. They can cause discomfort for years, even lead to infertility, and they have to be removed surgically.

Important Questions for Outpatients

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/ clinic/surgeon'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 can you be reached within the 24 hours after surgery?

Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

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

Telephone: [Telefonnummer]

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

Blood clots (thrombi) may occur in rare cases and cause blockage of blood vessels. Clots can be transferred and block blood vessels in other organs (**embolism**). Thus, for example, pulmonary embolism, stroke and kidney failure with permanent damages may occur. If a medicine against blood clotting is administered as a preventive measure, then the risk of bleeding or subsequent bleeding will be increased. If heparin is administered, it may lead to severe immune response (HIT) with clotting of blood platelets (thrombocytes) and blockage of blood vessels in veins and arteries.

Allergic reactions (reactions of intolerance), for example to medicines (painkillers, sedatives) or latex are rare. The consequences can be skin rashes, itching, swelling, as well as nausea and cough. Symptoms usually disappear soon. A severe reaction, such as breathlessness, spasms, tachycardia, or vascular shock is rare. Due to decreased circulatory function and despite urgent medical treatment, it may lead to temporary or permanent damages of organs, such as brain damage, paralysis or kidney failure which, in such a case, will require dialysis treatment.

Administering of anaesthetics and sedatives may cause breathing disorders or cardiovascular reaction (e.g. drop in blood pressure, slow heart rate) with **nausea and vomiting**. This is usually resolved by supplying oxygen or medicines. In case of **breathing difficulties**, artificial ventilation may be necessary in order to prevent brain damage. In extreme cases, despite immediate treatment, damage to organs (kidney or brain damage) may occur.



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

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.

yes=ja no=nein

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 surgery on the **gastrointestinal tract?** yes no

Wurden Sie schon einmal am **Magen-Darm-Trakt** operiert?

Have you ever had a **laparoscopy?** yes no

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

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)?

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, inflammation of heart muscle, heart valve disease, shortness of breath while climbing stairs, 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, Herzmuskelentzündung, Herzklappenerkrankung, Luftnot beim Treppensteigen, 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, inflammation of the lungs, emphysema, sleep apnoea (heavy snoring), vocal cord/diaphragm paralysis.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis, Lungenentzündung, Lungenemphysem, Schlafapnoe (starkes Schnarchen), Stimmband-Zwerchfelllähmung.

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: _____

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____

Bitte kurz beschreiben: _____

(If certain answers are preselected, please correct them if anything has changed.)

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:

Planned procedure: Geplanter Eingriff:

- Abortion** Abortabasio
- Taking tissue for histological examination** Probeentnahme
- Examination of the uterine cavity in case of (unfulfilled) wish for child** Untersuchung bei unerfülltem Kinderwunsch
- Therapy in case of hypermenorrhoea** Therapie bei Hypermenorrhoe
- Removal of benign and malignant changes** Entfernung von Veränderungen
- Other:** _____
Sonstiges:

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. Die Patientin besitzt die Fähigkeit, eine eigenständige Entscheidung über den empfohlenen Eingriff zu treffen und ihre Einwilligung in die Operation zu erteilen.
- The patient is represented by the carer, i.e. guardian with the evidence of guardianship. This person is entitled to making a decision on behalf of the future mother. Die Patientin wird von einem Betreuer bzw. Vormund mit einer Betreuungsurkunde vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne der Patientin zu treffen.

Copy for patient: yes noKopie für Patient: ja nein

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

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

Refusal Ablehnung

Dr. _____ has given me a full explanation of the operation proposed for me and of the disadvantages that will result from my refusal. I have understood this explanation. I was also able to discuss with this physician my knowledge and understanding of the information given to me. I hereby refuse the operation that has been proposed for me.

Frau/Herr Dr. _____ hat mich umfassend über den bevorstehenden Eingriff und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und konnte meine Erkenntnisse über die mir erteilten Informationen mit dem Arzt diskutieren. Hiermit lehne ich die mir vorgeschlagene Eingriff ab.

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

Refusal of the future mother/guardian/tutor/possible witness
[Ablehnung der Patientin / Betreuer / Vormund / ggf. des Zeugen]**DECLARATION AND CONSENT**

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:

- Hereby I confirm that I understood all integral parts of the explanation for patients.** I read this form with explanations (5 pages). During the talk with Ms/Mr. Dr. _____ I was given an explanation of the course of planned hysteroscopy and/or curettage, risks, complications and side effects in my special case and I was thoroughly informed about the benefits and risks of alternative methods. **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 der geplanten Gebärmutter Spiegelung und/oder Ausschabung, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.
- I deliberately renounce a detailed explanation.** However, hereby I confirm that the surgeon 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 hysteroscopy and/or curettage. 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 Gebärmutter Spiegelung und/oder Ausschabung zu. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also refers to necessary auxiliary and subsequent measures (e.g. transfer of someone else's blood, thrombosis prophylaxis), as well as necessary changes or extensions of the procedure. Meine Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen (Fremdblutübertragung, Thromboseprophylaxe), sowie auf erforderliche Änderungen oder Erweiterungen des Eingriffes.

I confirm that I am capable of respecting the surgeon's advice. Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

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

E-Mail [E-Mail-Adresse]

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

Signature of the patient / guardian / guardian of a minor
[Unterschrift der Patientin / Betreuer / Vormund]