



D. SIEGFRIED BLOCK GmbH
Zentrum für Frischzellen-Therapie
CENTRE FOR LIVING CELLTHERAPY

Brauneckstrasse 8 D-83661 Lenggries, Germany
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www.living-cell-therapy.com mail@frischzellen-kuren.de

Notification for a Living Cell Therapy

Mr./ Mrs.:	Surname:	First Name:
Zip-Code:	City:	Street:
Country:	Date of birth:	Profession:
Telephone:	Fax:	e-Mail-Address:
(For Visa) Passport number / City you are applying:		

Present main ailments: (Please bring any currently-taken medicine with you)

If you take any coagulation-staunching medicaments, please tell us.

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Are you diabetic?

If so, how high is he sugar count?

Are you disabled and unable to walk?

If you suffer from any severe diseases, e.g. of the heart, the lungs, the liver, the kidneys or the central nervous system, please send us the report of your doctor together with the electrocardiogram.

What sorts of medicine are you taking against your disease?

In which dosage?

Have you already had treatment at clinic Dr. Block? If so, when?

Requested date of treatment:

Room type:

Single room:
Double room:
Suite:

Place, Date:

Signature:
