



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

Brauneckstrasse 8 D-83661 Lenggries, Germany
Telephone: 0049 (0)8042 – 974243 Telefax: 0049 (0)8042 – 974244
www.living-cell-therapy.com mail@frischzellen-kuren.de

Notification for a Full Cell Therapy

Mr. <input type="checkbox"/>	Surname:	First Name:	Middle name:
Mrs. <input type="checkbox"/>	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:
