

**ATTENTION! To fill out the form, you need to save the PDF on your computer. Then you can enter your information.**

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**Patient's data**

Sex

Mr.

Mrs.

Title

First name

Family name

Date of birth

Nationality

Street, house number

Postcode, City:

Country:

Phone

Mobile phone

E-mail

**Data about the sponsor of treatment costs (insurance / foundation / embassy / self)**

Name

Street, house number

Postcode, City:

Country:

Phone

E-mail

## Medical data

Reason for your inquiry

Current medical status

### **For the processing of your request, we will need:**

Medical report(s) in English, German, Arabic, French, Russian, Spanish, Hungarian or Romanian

And if available:

Lab results

radiology images / reports

Surgical report

pathology report (e. g. of biopsy)

Other reports, that is relevant to  
the medical condition

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### **Please send the completed PDF and the documents listed above:**

- by mail to [tahani.albarghouthi@fdk.info](mailto:tahani.albarghouthi@fdk.info)
- by fax to +49 (69) 46 08 - 323
- or by post to:

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