

## REGISTRATION FORM

Welcome to the Budapest Ultrasound! Before your examination please complete this form. Please let us know your medical history, previous illnesses below. Once completed, please give it to our assistant. Thank you!

1. Full name: ..... Date (today):...../...../.....
2. Place and date of birth: ..... TAJ / Health ID No.: .....
3. Address: .....
4. Cell phone No.: ..... Email: .....
5. Please mark your illnesses (if applicable):  hypertension,  diabetes,  high cholesterol level,  gout,  thyroid disease,  heart disease,  musculoskeletal disease,  asthma,  COPD,  other:  
.....
6. List of your operations (for ex. 1985 appendectomy):  
.....  
.....
7. Your current symptoms:  
.....  
.....
8. Your US examination today (please mark):
 

|   | Price (HUF) <i>Only cash payment</i> |
|---|--------------------------------------|
| <input type="checkbox"/> Ultrasound examinations (off working hours)                          | price of the US + 30 000 HUF         |
| <input type="checkbox"/> Abdomen and Pelvis Ultrasound (trans-abdominal)                      | 35 000 HUF                           |
| <input type="checkbox"/> Abdomen, Pelvis and Groin Ultrasound (extended trans-abdominal)      | 40 000 HUF                           |
| <input type="checkbox"/> Male Scrotum ultrasound  | 30 000 HUF                           |
| <input type="checkbox"/> Male penis and scrotum ultrasound                                    | 35 000 HUF                           |
| <input type="checkbox"/> Soft tissue ultrasound (1-2 region)                                  | 30 000 HUF                           |
| <input type="checkbox"/> Chest wall (pleura) and diaphragm motility ultrasound                | 35 000 HUF                           |
| <input type="checkbox"/> Complex neck US (thyroid&salivary glands, soft tissues, lymph nodes) | 35 000 HUF                           |
| <input type="checkbox"/> Carotid doppler US   | 35 000 HUF                           |
| <input type="checkbox"/> Complex neck US and Carotid doppler US                               | 60 000 HUF                           |
| <input type="checkbox"/> Doppler Ultrasound of the renal arteries*                            | 35 000 HUF                           |
| <input type="checkbox"/> Venous Duplex Ultrasound (both upper arm)                            | 35 000 HUF                           |
| <input type="checkbox"/> Venous Duplex Ultrasound (both legs, DVTs)                           | 35 000 HUF                           |
| <input type="checkbox"/> Peripheral Arterial scan (both upper arm)                            | 35 000 HUF                           |
| <input type="checkbox"/> Peripheral Arterial scan (both leg)                                  | 35 000 HUF                           |
| <input type="checkbox"/> Leg Arterial and Venous Duplex scan (both leg)                       | 62 000 HUF                           |
| <input type="checkbox"/> Axillary ultrasound (lymph nodes)                                    | 30 000 HUF                           |
| <input type="checkbox"/> Inguinal ultrasound (lymph nodes)                                    | 30 000 HUF                           |
| <input type="checkbox"/> Knee ultrasound (one side)   | 35 000 HUF                           |
| <input type="checkbox"/> Ankle ultrasound (one side)  | 35 000 HUF                           |
| <input type="checkbox"/> SCREENING SMALL PACKAGE FOR MEN                                      | 95 000 HUF                           |
| <input type="checkbox"/> SCREENING SMALL PACKAGE FOR WOMEN                                    | 95 000 HUF                           |
| <input type="checkbox"/> SCREENING LARGE PACKAGE FOR MEN                                      | 115 000 HUF                          |
| <input type="checkbox"/> SCREENING LARGE PACKAGE FOR WOMEN                                    | 115 000 HUF                          |
| <input type="checkbox"/> MELANOMA SCREENING PACKAGE   | 100 000 HUF                          |
| <input type="checkbox"/> ATHEROSCLEROSIS SCREENING PACKAGE                                    | 115 000 HUF                          |
9. Report in English or German language (applies for all examinations upon the price of the examination)? Please apply:  english (+20000 HUF)  german (+20000 HUF)
10. Do you need hard copy (CD/USB stick) of the images? Please apply:  
 no  yes (+3000 HUF / CD)  yes (+4000 HUF / USB stick)

**Before you enter to our consultation room...**

- In case of abdominal and pelvic ultrasound examination please drink bubble-free water. Please do not eat, do not drink coffee, chocolate, alcohol now to have full gall bladder. We will ask you to remove your T-shirt. Shoes and pants might remain. If you have piercing in your abdomen, please remove it before the examination. In case of neck (thyroid) US please take off your necklace.
- Regular medications can be taken with bubble-free water.
- Please give us all your previous ultrasound, CT, MRI or X-ray examination reports.
- After the consultation you can only pay by cash. Thank you for your understanding.

11. Do you have health insurance card (not TAJ card)?  No  Yes

If yes, please apply your health insurance company:

- PROVITA EP,  PRÉMIUM EP,  TEMPO EP,  MKB – Pannónia EP,  OTP Országos EP,  
 ALLIANZ Hungária EP,  GENERALI EÖP,  MEDICINA EP,  ÚJ PILLÉR EP,  PATIKA EP,  
 VITAMIN EP,  IZYS EP,  VASUTAS EP,  KARDIREX EP,  ÉLETÚT EP,  DANUBIUS EP

Name on your health insurance card: .....

No. of your health insurance card: .....

12. Billing name and address:

13. Where did you hear about us?

internet,  friends,  newspaper,  pharmacy,  family doctor,  other: .....

14. If you found us online, what keywords did you use? ....., .....

15. Are you vaccinated against COVID?  yes  no

16. Data management: Due to the new data protection regulation of the European Union, the GDPR (General Data Protection Regulation), which entered into force on 25 May 2018, our company has also revised its data management policy and updated our data management policy on our website ([www.budapestultrahang.hu](http://www.budapestultrahang.hu)), and the printed version available at our reception. You can withdraw your consent in writing at any time. Please enter the appropriate one:

**I have read the information about data management, I consent to the data management.**

I do not consent to data management (in this case, we cannot examine you due to lack of data).

17. I, the undersigned, acknowledge that to the best of our knowledge, the ultrasound examination has no adverse biological effects. I acknowledge that the efficiency of the ultrasound examination will vary for different lesions, with maximum adherence to the protocols, and will not be able to detect all abnormalities in a timely manner with complete safety. Certain diseases can remain hidden at any time, so a negative ultrasound cannot rule out 100% the possibility of any organ abnormality. After the ultrasound examination, I will definitely visit my physician.

18. I, the undersigned, declare that I have understood, accept and request the ultrasound examination after completing the comprehensive preliminary information of the examination. I received satisfactory answers to all my questions. I have no further questions. Please do not record the questions and the answers to them.

**Date:** Budapest, .....(day).....(month).....(year) **Signature:** .....

***Thank you for completing the form. Please give this paper to our assistant.  
We will call you soon!***

