

MAKING AN APPOINTMENT

To make it easier to arrange an appointment at the Oswaldo Cruz German Hospital, just fill out the following form. If you have any queries, contact the team at the [International Patient Services](#).

PATIENT DETAILS

IDENTIFICATION

Full name*:

ID*:

Type*:

RG

RNE

Passport

Other:

CPF (for Brazilians and residents):

Sex*:

Female

Male

Date of birth* (mm/dd/yyyy):

Country of citizenship:

Father's name*:

Mother's name*:

- Marital status*:
- Single
 - Married
 - Separated
 - Divorced
 - Widowed

Profession*:

ADDRESS

Address*:

Number*:

Unit:

District:

City*:

State:

Postal Code:

Country*:

PHONE NUMBERS AND EMAIL ADDRESS

Home phone*:

Cell phone*:

Business phone:

Email address*:

DETAILS OF THE PERSON RESPONSIBLE FOR THE PATIENT

IDENTIFICATION

Full name*:

ID*:

Type*:

RG

RNE

Passport

Other:

CPF (for Brazilians and residents):

Sex*:

Female

Male

Date of birth* (mm/dd/yyyy):

Country of citizenship:

Father's name*:

Mother's name*:

Marital status*:

Single

Married

Separated

Divorced

Widowed

Profession*:

Relationship to the patient*:

ADDRESS

Address*:

Number*:

Unit:

District:

City*:

State:

Postal Code:

Country*:

PHONE NUMBERS AND EMAIL ADDRESS

Home phone*:

Cell phone*:

Business phone:

Email address*:

** These fields must be completed*

PHYSICIAN OF CHOICE AT OSWALDO CRUZ GERMAN HOSPITAL

Name of physician*:

Best date for an appointment* (mm/dd/yyyy):

INFORMATION ON YOUR CONDITION

Diagnosis*:

Patient undergoing treatment*:

No

Yes

If so, give details of the physician in charge:

Name:

Phone Number:

Email address:

Are you looking for a second opinion?*

No

Yes

NEEDS

What is the purpose of this request?*

Appointment with a specialist

Hospitalization

HEALTH INSURANCE

Does your health plan cover hospital expenses?*

No/I do not have one

Yes

If so, please give the name of your insurance company:

** These fields must be completed*