Therapy Recommendation Request Form

ISCADOR AG

Infoline for medical professionals
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Spitalstraße 22
79539 Lörrach

Kindly provide all required information in print or type in order to receive an ISCADOR therapy recommendation for your patient.

Sender: ☐ Physician

Title, first name, last name: _____ Stamp

Street: _____

Postcode, city: _____

Phone: _____

Fax: _____

E-mail: _____

I authorise Iscador AG, Spitalstr. 22, 79539 Lörrach, Germany, to advise me medically with a free, non-binding, individual treatment recommendation based on the information I have provided. My personal data will be stored for the purpose of contacting me and providing me with information about Iscador AG and its products. It will only be used for these purposes and will not be passed on to unauthorised third parties. The data may be transferred to the headquarters of Iscador AG in Switzerland, a third country with an adequate level of data protection according to the EU Commission. I have the right to request full disclosure of my personal data via info@iscador.com

Date: _____ Signature: _____

Patient data: Initials: ____ ____ (First name Last name) ☐ Female ☐ Male Date of birth: ____ ____ ____ (Day Month Year)

Tumour diagnosis: _____

_____

First diagnosis: ____ ____ (Month Year) Relapse: ☐ no ☐ yes, since _____ Metastases: ☐ no ☐ yes, which _____

For breast cancer: ☐ premenopausal ☐ perimenopausal ☐ postmenopausal ☐ postmenopausal, drug-induced, e.g. due to tamo

Therapies:

Surgery	☐ no		☐ yes, when? _____		☐ planned	**General condition:**
Chemotherapy	☐ no,	if yes:	☐ completed	☐ ongoing	☐ planned	☐ good
Radiotherapy	☐ no,	if yes:	☐ completed	☐ ongoing	☐ planned	☐ reduced
Hormonal therapy	☐ no,	if yes:	☐ completed	☐ ongoing	☐ planned	
Immunotherapy	☐ no,	if yes:	☐ completed	☐ ongoing	☐ planned	

Additional:

Known allergy to mistletoe	☐ no	☐ yes, host tree: _____
Acute inflammatory or high-fever diseases	☐ no	☐ yes, namely: _____
Chronic granulomatous diseases	☐ no	☐ yes, namely: _____
Florid autoimmune diseases	☐ no	☐ yes, namely: _____
Hyperthyroidism with tachycardia	☐ no	☐ yes, namely: _____

Further questions/information: _____

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