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#  **Verwijzingsformulier "Het Handenteam" Veenendaal**

 Verwijzer: ..........................................................................

 AGB code verwijzer: ............................................................

 Naam patiënt: ..........................................................................

 Geb. datum: ..........................................................................

 Adres: ..........................................................................

 Woonplaats: ..........................................................................

 Telefoon: ………………………………………………..

 Handletsel: Links / Rechts

 Klachten: ..........................................................................

 ………………………………………………..

 Bevindingen: ..........................................................................

 ..........................................................................

 Röntgen - onderzoek: ..............................................................

 ………………………………………………..

 Voorlopige diagnose: ............................................................

 ..........................................................................

 Reeds ingestelde behandeling: ................................................

 ..........................................................................

 Vraagstelling: ..........................................................................

 ..........................................................................

 Met collegiale groeten,