PEDIATRIC INTAKE FORM

Last name	First name
Date of birth	Legal guardian
Street Address	E-Mail
Postal Code, City, Country	Phone

Reason for visit

CONSENT TO TREATMENT AND DATA PROCESSING: The data I have provided is true and has been completed to the best of my knowledge. I accept the cancellation policy. I consent to manual treatment of my child by Mag. Florian Lassnig, BSc, DO. I agree that personal data may be managed and stored in this practice in accordance with Austrian law.

Signature	Date

CANCELLATION POLICY: I can cancel treatments online, by phone, email, or in person up to 24 hours before the appointment. A cancellation fee of 50% of the total amount may be charged for cancellations made within 24 hours. Missed appointments without any notification will be charged in full. Exceptional or unforeseen circumstances will be taken into account and are exempt from this policy.