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Monitoring/Inquiry after pessary use, please tick

- a) 0 Customized Device, e.g. Dr Arabin Hybrid Pessary -
- b) 0 Purchasable urogynecological pessaries, e.g. 0 cube, 0 tandem, 0 other, e.g.
- c) 0 Purchasable obstetric pessaries, e.g. 0 Cerclage pessary

| Dear patient, | | | | | | | | | |
|--|---------|-------|-----|------|------|----------|--------|------------|----|
| As discussed with Dr | and his | team, | you | have | opte | ed for p | essary | therapy du | ıe |
| to specific problems with your pelvic floor. | | | | | | | | | |
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We would be delighted if it helps you, as we put a lot of work into developing new forms of therapy. You will find instructions in the package and further information on our website www.dr-arabin.de. Frequently asked questions can be found there under FAQ.

If you have any further questions or complaints, please do not hesitate to contact us.

We would also ask you to be available to us for a survey so that we can share your experiences with other women. This would never take long and is of course voluntary. Please scan this letter with your answers. If you are unable to scan it, we would also be grateful if you could send it by post.

Yours sincerely,

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Prof. Dr. med. Dr.med.h.c. Birgit Arabin (Gynecologist)

Response via e-mail to info@dr-arabin.de

Via conventional mail to: Dr. Arabin GmbH & Co KG, A. Herrhausen Str. 44 DE 58455 Witten

I WILL GLADLY BE AVAILABLE FOR A SHORT INTERVIEW LATER.

(Please write clearly, in block capitals)

My name:

My address:

My age:

My e-mail address:

My telephone number:

Signature:

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