

Patient: _____
Name First name Birth Date

Insurant:
(family insurance) _____
Name First name Birth Date

Adress: _____
Street postal Code, City

Contact Data: _____
Tel-private Tel-mobile Email-adress

Position/Employer: _____
Position Employer Tel-at work

Insurance: _____
eligible for aid: plus insurance: optional insurance:

Please tick:

General Situation

- asthma
- high/low blood pressure
- thyroid hypofunction / thyroid hyperfunction
- blood clotting disorder or blood count changes
- diabetes
- diseases of the stomach/gut/kidneys
- cardiovascular discomfort
- epilepsy
- rheumatism
- frequent digestive problems
- Infections: hepatits A-B-C/tuberkulosis/HIV/icterus
- cardiac pacemaker or valvular transplants
- osteoporosis
- allergies – if yes, which?

- do you take any medicine? – if yes, which?

- other diseases? – if yes, which?

- do you smoke? – if yes, how many?

- are you pregnant?

Teeth-mouth-situation

- gum bleeding
- receding gum
- noises of the tempo – romandibular joint
- when have you been x-rayes the last time in the jaw-area when?/where? _____
- do you want to be reminded of your next controlling appointment?
- may we forward your data to a potential partner or successor?

- are you interested in preventive mouth - hygiene measures?

others:

Who may we thank that he/she has recommended our practice? _____

We here with inform you, that you will have to expect reduced ability to respond and limited ability to respond an limited ability to drive. During anaesthesia ist effective we recommend not to eat in order to avoid bite injuries.

For the dental treatment you enter an office where a particular appointment has been reserved for you. This means for you that you will find a minor waiting time and a high quality of therapy. Therefore we kindly ask you to cancel an appointment within 24 hours in advance. **Otherwise we do have to charge the lost time up to 40 € per every 15 minutes (§615 BGB).**

Date: _____

Signature: _____