Zahnarztpraxis Udo von den Hoff

Registration

Please fill in bevor Treatment and return to Reception

Patient/in	Surame	First Name	Date of Birth
Insured	Surname	First Name	Date of Birth
Adress	Street / Number	Post Code / Place	Phone
	e-Mail	Mobile Phone	
Insurance	Name of Insurance	ja ❒ nein ❒ voluntarily insured? (Privat only)	Zusatzversicherung/Beihilfe
Family Doctor	Name	Street / Number	Post Code / Place
Recommended by			

Dear Patient,
They come to a Dental Practice that is managed according to the Ordering System. For you, this usually means only short waiting Times. However, this also means that if you cannot meet the agreed Date, you should cancel at least 24 Hours in advance, otherwise you will be charged fort he Work or unused Time in accordance with §304, § 615 BGB): If you have an Emergency Appointment, please count on the waiting time. As this appointment ist outside of our office Hours, only emergency care is possible.

Important for socially insured Patients:
If the health insurance card is not presented at the latest 10 days after the start of treatment, private billing takes place (in accordance with §15 GRG).

For your medical record, we request the following information, which of course is subject to medical confidentiality:

1. Wear a Pacemaker? yes ❒ no ❒
2. You Have / had the following Diseases?
   a) Allergic reactions or Drug intolerance — If yes, which? ____________
   b) Do you have high / low Blood Pressure? yes ❒ no ❒ — If yes, which? ____________
   c) Stroke / Paralysis yes ❒ no ❒ — If yes, which? ____________
   d) Heart Disease (for example Heart Attack) yes ❒ no ❒ — If yes,Which? ____________
   e) Jaundice/ Liver Diseases yes ❒ no ❒ — AIDS yes ❒ no ❒ — Tuberkulosis yes ❒ no ❒
   f) Diabete yes❒ no ❒ — Asthma yes ❒ no ❒ — Rheumatism yes❒ no ❒
3. Do you suffer from Blood Disease or Blood Clotting Disorder? Yes ❒ no ❒ ____________
4. There are currently other Diseases? yes ❒ no ❒ — If yes,which? ____________
5. Take Medication regularly? yes ❒ no ❒ — If yes, which? ____________
6. Only for Women: There ist currently a Pregnancy? Yes ❒ no ❒ — yes, ______. Week — uncertain ❒
7. Value local Anesthetic Treatment? Yes ❒ no ❒

Please note that driving is affected by medication or injections for local anesthesia for 4 to 6 Hours !

8. Which dental aspects would you like to be advised / informed about? ____________
9. Please let me know any changes in your address and / or your state of health at short notice !

With my signature I confirm the completeness and correctness of my information.

Date — Signatur of Patient or Legal Guardian

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