

**Declaration of consent under data protection law** for the processing of personal patient data in accordance with Artt. 6 Abs. 1 lit. a, Art. 7 DSGVO

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## Our recall system

Dear Patient,

Are you interested in our reminder service for the annual visit to the dentist? Then I would ask you to document this with your signature. If you have any questions, please contact me or my staff. We will be happy to answer your questions.

**Patient/in:**

Name	
Address	

I am ready to participate in your Recall service. For this, I consent to the processing of my personal data by the practice.

I have been informed that I can revoke this consent at any time in writing or by e-mail to the practice (Art. 7 para. 3 GDPR).

I am aware that my revocation of consent, which is possible at any time, does not affect the lawfulness of the processing carried out on the basis of the consent until the revocation (Art. 7 para. 3 sentence 2 GDPR).

Duisburg, the \_\_\_\_\_

\_\_\_\_\_  
Patient/in