



Zahnarzt

Udo von den Hoff

Kortumstr. 109

4 7 0 5 7 Duisburg

Ruf: 0203/ 93 66 7-0/ Fax: -11

Internet: www.laser-zahnarzt-duisburg.de

e-Mail: praxis@vondenhoff.de

Patient:

Last name: _____ First name: _____

Address: _____

Date of birth: _____

Release from dental confidentiality

I hereby release Mr. Udo von den Hoff and employed dentist from his/her medical confidentiality.

The following documents may be handed over/sent to the practices below, as well as to your private insurance/supplementary insurance:

1. Transferals
2. X-ray taken in our practice
3. Excerpt from our index card

List of practices requiring further treatment:

- Chirurgische Gemeinschaftspraxis Dres. Partenheimer & Wunderlich
- Chirurgische Gemeinschaftspraxis Dres. Lehm Brock & Franz
- Dr. Thorsten Köther (Endodontie)
- Dr. Daniel Lohmann (Parodontologe)
- Dr. Bernd Waschul (Parodontologe)
- Kieferorthopädie Dr. Furtenhofer, Dr. Heckhoff, Dr. Dunkelberg, Dr. Wilhelmy

Other: _____

Date, Place

Signatur/ Signatur of legal guardian