Zahnpanorama

Dear Patient – A warm welcome to our Dental Office!

We try hard to make your stay with us as comfortable as possible. Short waiting periods are a result of our efforts. We therefore ask you to cancel agreed appointments 24 h in advance. However, patients without an appointment, e.g. patients suffering from pain, will have to accept longer waiting periods.
As a member of a German public health insurance, please provide your health insurance card 10 days after first treatment at latest, since we otherwise have to bill you directly. As a member of a commercial / private health insurance, we will invoice you directly for the treatment.

In order to best suite your individual needs, please complete the following questionnaire:

Patient:

Mr./ Mrs./Ms. /Dr./ Child — Last Name ..... First Name ..... Date of birth (Day/Month/Year) .....

Address — Street, No. .....

Post / zip code ..... City .....

Tel. no. private ..... Day tune tel. no. ..... e-Mail .....

Member/ Invoice addressee:

Mr./ Mrs./Ms./Dr. — Last Name ..... First Name .....

Address — Street, No. .....

Post / zip code ..... City .....

Tel. no. home ..... Tel. no during the day ..... e-Mail .....

Name of health insurance ..... Insurance: ☐ private ☐ compulsory ☐ voluntary ☐ government

Occupation ..... Employer .....

Employer's address — Street, No. ..... Tel. no. .....

Post / zip code ..... City .....

GENERAL HEALTH RECORD

1. Do you/ did you suffer of any of the following diseases?
   (Please check where applicable)
   - ☐ Heart attack (date) .....
   - ☐ Stroke (date) .....
   - ☐ Paralysis (date) .....
   - ☐ Blood pressure ☐ low ☐ normal ☐ high (value) .....
   - ☐ Allergic reaction to medication: (which) .....
   - ☐ Allergies(e.g. hay fever) (which) .....
   - ☐ Heart murmur
   - ☐ Asthma
   - ☐ Diabetes
   - ☐ Rheumatism
   - ☐ Bleeding disorder (which) .....
   - ☐ HIV-Infection
   - ☐ Hepatitis (when) .....
   - ☐ TBC
   - ☐ Thyroid malfunction
2. Are you wearing a pacemaker ☐ no ☐ yes
3. Are you pregnant ☐ no ☐ yes week .....
4. Date of last X – ray approx. .....
5. Are you taking medications ☐ no ☐ yes which : .....
6. Bleeding gums ☐ no ☐ yes

DENTAL HEALTH RECORD

1. Are you content with your smile and the color of your teeth ☐ yes ☐ no
   (We are happy to inform you about various options of bleaching)
2. Are you interested in tooth colored Amalgam-Alternatives ☐ yes ☐ no
3. Are you interested in further information on one of the following methods on treatment in modern dentistry:
   - ☐ Prophylaxis - healthy teeth for ever
   - ☐ 'smile-make over' - esthetic dentistry
   - ☐ Implants - permanent tooth replacement

To the best of my knowledge, all of the preceding answers are true and correct.
If I ever have any changes in my health or change in medication, I will inform the dentist at the next appointment.

_____
Date, Signature