



## Praxis für Zahnerhaltung.Berlin

[Savignyplatz]

### Dear Patient

A warm welcome to our dental practice Zahnerhaltung.Berlin!

Your health is our top priority. To ensure the widest possible diagnosis and best treatment, we would kindly ask you to fill in the provided form carefully. This is very important to rule out the possible outbreak of general illness during the dental treatment.

We would like to provide you with individual and adequate dental care. Your appointment is reserved for you only. For any appointment cancelations please inform us at least 48 hours prior.

### Personal details

Last name, First name

Date of birth

Place of birth

Address

Postal code

City

Home number

Work number

Mobile number

Email

### Insurance

Health insurance

☐ State insurance

☐ Private insurance

☐ EU-insurance-card

☐ Base rate

☐ Government benefits

☐ Supplementary insurance

Level of care

☐ Yes

☐ No

if Yes, which one? \_\_\_\_\_

### How did you find out about us?

☐ Personal recommendation

☐ While passing by

☐ Referring doctor: \_\_\_\_\_

☐ Internet: \_\_\_\_\_

please turn



## Overall health condition

	Yes	No		Yes	No
Changed blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Blood-clotting disorder	<input type="checkbox"/>	<input type="checkbox"/>	HIV	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular diseases	<input type="checkbox"/>	<input type="checkbox"/>	Other health risks:		
if so, which:					
			Medications taken?	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid condition	<input type="checkbox"/>	<input type="checkbox"/>	if so, which:		
Rheumatoide arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Heart medication: _____		
Allergic reactions	<input type="checkbox"/>	<input type="checkbox"/>	Cortisone: _____		
if so, which:			Painkillers: _____		
			Antidepressant: _____		
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Blood-thinner: _____		
Gastrointestinal disease	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		
Altered intraocular pressure	<input type="checkbox"/>	<input type="checkbox"/>	Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	If you are female:		
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
			if so, week: _____		

**Please don't be surprised!** The following question is not intended to represent an indiscretion on our part, but rather serves to ensure insurance compliance with the loading capacity of our treatment units with the Medical Devices Act (MPG).

**Of course, the information is subject to medical confidentiality!**

Do you weigh less than 135 kg? ☐ Yes ☐ No

## You are important to us

	Yes	No
I am aware of professional dental cleaning care and wish to acquire it regularly	<input type="checkbox"/>	<input type="checkbox"/>
I have received periodontitis therapy once before.	<input type="checkbox"/>	<input type="checkbox"/>
I wish to receive a reminder for my check-ups.	<input type="checkbox"/>	<input type="checkbox"/>

Please check your information and confirm with your signature.

Place, date

Signature

If your treatment generates additional costs, of course we will inform you in advance.

We offer the following options for payment:

- Together with our financial partner BFS health finance  
To your advantage: Professional support and correspondence with your health insurance,  
Interest-free partial payment can be arranged
- EC-card or cash payment subsequent to your appointment  
To your advantage: Upon any payments, you can directly submit your invoice to your health insurance

Feel free to ask us for any queries you may have!