



Last name

First name

Date of birth

Address

profession

phone

work phone

fax

mobile phone

dentist

familydoctor

insured with

Private / statutory insurance

Information about your condition is important for a treatment without complications and therefore have to be answered. Please read these questions carefully before you engage treatment and answer them as accurately as possible.

☐ no Do you suffer from chronical diseases wich force you to engage  
☐ yes constant medical treatment?

☐ no Have you been in a hospital or under medical treatment  
☐ yes during the last two years?

☐ no Do you constantly take medication?  
☐ yes

☐ no Are you pregnant?  
☐ yes

☐ no Were you x-rayed in the last two years?  
☐ yes

Note:

Appointments which  
are not met can be  
brought to account

Which of the following statements apply to you?

☐ Heart disease  
☐ vascular disease  
☐ infections disease  
☐ nerve disease  
☐ thyroid disease

☐ kidney disease  
☐ high blood pressure  
☐ liver disease  
☐ blood clotting disorder  
☐ Gastrointestinal disease

☐ Allergies  
☐ diabetes  
☐ Lung disease  
☐ suffer arising

☐ no Du you suffer from infectional diseases like AIDS or Hepatitis ?  
☐ yes If you do please state below!

☐ no Are you prone to bleeding or hematoma?  
☐ yes

☐ no Are you satisfied with the color and shape of your teeth?  
☐ yes

☐ yes Would you like to be informed annually of a control visit?

How did you find out about our facility?

☐ Display ☐ outdoor advertisement ☐ Subway advertisement ☐ Internet ☐ recommendation