

## Dear Patient,

as a part of your dental treatment it is important, that we have as much information as possible, about your current health situation. We would therefore ask you, to read and answer the questions below and if necessary add any valuable information to your answers.

**Patient** Surname, First Name: \_\_\_\_\_ Job: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Policyholder** Surname, First Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Address** Street/No.: \_\_\_\_\_ Post Code/Place \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell-Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Health Insur. Company** \_\_\_\_\_ Rate type: \_\_\_\_\_

I received and read the Privacy policy: \_\_\_\_\_  
 Date Signature

**Are you pregnant or may believe you are?**  No  Yes (which month?: \_\_\_\_\_ )

### Are you currently suffering from

#### Metabolic diseases:

diabetes  Yes  No  
 gastrointestinal diseases  Yes  No  
 thyroid diseases  Yes  No  
 hormone malfunctions  Yes  No  
 other \_\_\_\_\_

#### Nervous system diseases:

epileptic attacks / seizures  Yes  No  
 neurological / nerval disorders  Yes  No  
 paralysis  Yes  No  
 other \_\_\_\_\_

#### Blood disorders:

tendency to bleed (haemophilia)  Yes  No  
 anaemia  Yes  No

#### Allergies:

eczema  Yes  No  
 asthma  Yes  No  
 penicillin intolerance  Yes  No  
 allergy ID  Yes  No  
 hypersensitivity to \_\_\_\_\_

#### Anticoagulant medication

permanent or in the last few days (e.g.)  
 Aspirin®  ASS®  Marcumar®  Ticlopidin®  
 Clopidogrel®  Plavix®  Bisphosphonates  
 or \_\_\_\_\_

#### Infectious diseases

hepatitis / jaundice  Yes  No  
 tuberculosis  Yes  No  
 aids  Yes  No  
 other \_\_\_\_\_

#### Pain in the head area:

headache  Yes  No  
 earache  Yes  No  
 a cracking motion in the ears while chewing/yawning  Yes  No  
 tinnitus  Yes  No  
 dizziness  Yes  No  
 glaucoma/ cataract  Yes  No  
 restricted movement while opening the mouth – Lockjaw  Yes  No  
 other \_\_\_\_\_

#### Skeletal or muscular pain

back pain  Yes  No  
 pain in the cervical spine  Yes  No  
 spinal disc damage or slipped discs  Yes  No  
 rheumatic pain  Yes  No  
 fibromyalgia  Yes  No  
 operations:  Yes  No  
 other \_\_\_\_\_

#### Regular medication

e.g. blood pressure/heart medication  Yes  No  
 pain killers  Yes  No  
 contraceptive medication - „Birth control pill“  Yes  No  
 psychotropic drugs  Yes  No  
 diabetic medication  Yes  No  
 which \_\_\_\_\_

#### Heart/circulation:

heart defects  angina pectoris  heart attack  
 myocarditis  heart valve disease  artificial valve  
 pacemaker  high or  low blood pressure  
 stroke  dysrhythmia  
 other \_\_\_\_\_

## Information about dental local anesthetics

We consider the use of dental local anesthetics to provide and also eliminate pain in the teeth, mouth or facial region. We preferably recommend dental local anesthetics for treatments such as root canal treatments, operations in or around the mouth region, deep fillings or extractions of teeth in order to prevent pain during those treatments.

In order to numb the affected area in the upper jaw, we inject the local anesthetics close to the nerve fibers of the teeth. For the lower jaw, the anesthetics are placed in a main branch of the "nervus trigeminus" which causes a numbing feeling in either the whole left or right side of the upper jaw.

We cannot always avoid side effects like allergic reactions or bruising which could be caused by the use of those dental local anesthetics.

### In rare cases, the following complications can occur:

#### Hematoma (bruising)

Damaging small blood vessels can cause bleeding in the surrounding tissue. The injection in one of the Jaw muscles can cause bleeding which can result in pain, restricted movement when opening the mouth or in very rare cases infections. Please inform us immediately if you experience any of those side effects, so that we can take suitable actions by treating them as soon as possible.

#### Nerve damages

In very rare cases, anesthetizing in the Mouth region can cause irritations on the nerve fibers. This could lead to temporary or permanent sensational disturbances also to numb feelings on parts of the tongue, lower jaw or lip. Please inform us immediately if the numb feeling is at least lasting longer than 12 h.

#### Roadworthiness

Local anesthetics and the following dental treatment can cause impaired responsiveness and an inability to concentrate. Therefore you should avoid driving after some treatments.

#### Self-caused injuries

Please do not eat until the effect of the local anaesthetic has fully worn off. The lack of feeling in this region can lead to bite wounds, burns and cold burns.

## Our Recall-System

Would you like us to remind you of your annual visit?

Yes  No

I am ready to participate in the recall service by phone or letter. I agree with the storage of my personal data through the practice. I have been enlightened that I can revoke this consent at any time by writing a letter or e-mail to the practice. (Article 7 (3) DSGVO). I am also aware of the fact that my revocation of consent, which is possible at any time, does not affect the legal processing carried out on the basis of consent until the revocation. (Article 7 (3) sentence 2 DSGVO). If you have any further questions, please do not hesitate to contact me or my staff. We are happy to answer.

### Please let us know how you wish to be treated

#### Cost-optimized therapy

I want to receive high quality treatments but they should be as cost efficient as possible. I am aware of the fact, that this kind of treatment system may include methods that are not as modern as those, who are higher in cost. I also wish to be informed about every "method of treatment" – paper that is written, so I can coordinate the costs with my Insurance. I will point specific suggestions on my treatment out to you separately.

#### Quality-optimized therapy:

I want the most and high graded therapy, including all relevant possibilities of modern methods that are available in dentistry. Not only do I want to be informed about long lasting, comfortable treatments and materials of the highest quality, I also want aesthetics and functional aspects to be considered for my treatments. I will point out the need for a "treatment and cost"- paper for negotiations with my insurance to you separately.

#### Teeth Whitening / Bleaching methods

I want to be informed about teeth whitening or bleaching methods provided by your practice.

I confirm that all the information I provided to you are correct. \_\_\_\_\_

Date

Signature

I was recommended to you by: \_\_\_\_\_

Last X-ray examination: \_\_\_\_\_

**Please cancel agreed appointments at least 24 hours in advance. We reserve the right, in the case of unexcused non-appearance, to charge a cancellation fee, depending on the planned duration of up to 300 EUR.**

Note for private patients: Based on the contract and insurance conditions of your private health insurance company, the treatment may not be fully reimbursed.