

We welcome you to KU64 - The dental specialists

We are pleased that you entrust us with your dental health. In order to be able to prepare your treatment optimally, we ask you to complete this form as accurate as possible. Please let us know, if you have any medical problems by marking the appropriate box with a cross, this would avoid any possible risks during treatment.

Please list any specific wishes that you may have and we will try to fulfil them for you. Please remember that all information shared is subject to strict professional confidentiality.

If you are unable to attend your appointment please notify the practice 24 hours prior to your appointment or a cancellation fee in excess of 25 EUR will apply.

Please remember that your data is stored by KU64 electronically and is subject to strict regulations of data protection.

Patient data

Surname	Firstname
Address	Post code & City
Birthday	E-mail address
Cell/ Mobile phone number	
Occupation	Employer/Company

Insurance data (in case of deviation to the patient data):

Check/invoice to patient	Check/invoice to the following person
Surname	Firstname
Address	Post code & City
Birthday	E-mail address

Insurance data:

- private health care free health care public health care
- additional insurance student insurance other.....

Your personal health check:

- heart disease cardiac pacemakers high /low blood pressure
- Glaucoma Bleeding tendency HIV
- diabetes thyroid disease liver disease (hepatitis)
- gastro-intestinal disease kidney disease epilepsy
- rheumatism osteoporosis
- other: _____

Has it been requested by your medical practitioner to take antibiotics prior to dental and medical treatment?

Do you have any known allergies or sensitivity to medications or anything else?

In yes, please give details:

 What kind of medication do you take regularly?

 Are you a smoker? If yes, how many cigarettes do you smoke per day?

 For our female patients: Are you pregnant?

If yes, in which month? _____

Reason of your visit:

- dental checkup amalgam removal implant
- toothache aesthetics jaw joint disorder
- gum bleeding Bleaching professional dental clean
- halitosis/bad breath cosmetic surgery, Botox
- other?

Your wishes are important to us, to offer you better service:

What is important for you when visiting a dentist?

Are you anxious before dental treatment?

have you experienced any sensitivity with your gums and teeth?

Do you have a strong gag/pharyngeal reflex?

Was there anything that you were not satisfied at your last dental practice?

When was your last dental visit approximately?

How long ago was your last professional tooth and gum clean?

Have you ever been treated for periodontal disease? If so, when?

A patient recommendation is the biggest compliment for us, we would like to thank the person who has recommended us to you!

Who recommended us?

For which dental service did he/she recommended at KU64?

Or did you hear/read about us through:

Internet _____

TV _____

newspaper _____

search engine (e.g. google.de)

What were you looking for? _____

Release form:

I hereby agree with the following:

- the disclosure of any information necessary for the purpose of billing and raising of a claim, especially the information contained in the patient's medical record such as name, date of birth, address and treatment data
- the possible obtaining of information from a credit agency to consider my solvency
- the transfer of claims arising from treatment

I have been informed that a billing company may bill me on its own behalf for any services rendered by my dentist and that this company may also withdraw the money owed on its own behalf. Should opinions on the justification of a certain claim differ, the dentist may give evidence in case of a dispute. I hereby release my dentist from his/her medical secrecy if necessary in order to invoice and assert a claim.

My agreement also applies to any future treatments. I may terminate it at any time with immediate effect for the future.

Berlin, _____ (Date)

_____ (Signature)