ZAHNARZTPRAXIS
Dr. D. Schramm und Dr. T. Schramm

Schilfweg 5
70599 Stuttgart

Tel. 0711.454887
Fax 0711.454887

info@zahnarztpraxis-schramm.de
www.zahnarztpraxis-schramm.de

Patient data sheet

Insurance company:
familiy name, Name of Patient:
adress:
date of birth:

telephone (private):
profession/ employer:
family doctor: name, adress, telephone:

Piease answer the following questions regarding your state of health as exactly as possible! The information is subject to professional medical secrecy as weil as to the regulations on the protection of the privacy of personal data, and will be treated strictly confidential.

heart/cardiovascular diseases:

hypertension:	O yes O no
valvular defect:	O yes O no
card iovalvular replacement:	O yes O no
pacemaker:	O yes O no
endocarditis:	O yes O no
heart surgery:	O yes O no
convulsive seizures (epilepsy):	O yes O no
asthma/ lung diseases:	O yes O no
coagulation diseases:	O yes O no
diabetes mellitus:	O yes O no
drug addiction:	O yes O no
nephropathy:	O yes O no
fainting fits:	O yes O no

other diseases: _____

_____

infectious diseases:

AIDS:	O yes O no
hepatitis:	O yes O no
tuberculosis:	O yes O no

allergies or intolerances:

local injections:	O yes O no
antibiolies:	O yes O no
analgesics:	O yes O no

metals: _____

_____

Are you pregnant? O yes O no if yes, in which month? _____ month

Have dental X-rays of you been taken before? O yes O no if yes, when? _____

Which drugs do you take regularly or at present? _____ since _____

_____ since _____

_____ since _____

I agree with the electronic storage and processing of my data.

I commit myself to immediately inform you of all changes that occur during the entire period of treatment. Furthermore, I engage myself to keep to agreed sessions or to cancel them at least 2 days before the arranged date. I am aware that appointments, which were not called oft as weil as not cancelled on time, can be invoiced.

I agree that when necessary, in the case of extensive dental surgical or technical performances for which an advance financial concession to the dental technician be made by my dentist, enquiries over my creditworthiness can be obtained through a credit protection or reference agency.

Stuttgart, the _____ signature: _____