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Practice for aesthetic dentistry

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Registration Please fill out and sign before your treatment. Please notice also the second page!!

| | | | |
|---|---------------------|----------------|----------------|
| Patient | Surname: | First name: | Date of birth: |
| Insured person, Obliged person to pay | Surname: | First name: | Date of birth: |
| Address | Street: | Zipcode/ Town: | |
| Telephone | Private: Mobile: | Business.: | E-Mail: |

Name of
Insurance company:

Address:

Profession :

Employer:

The following data is for your patient file . Please also inform us in future about changes of address and state of health.

General case history

Please answer the following questions:

- a. Allergic reactions? yes if yes, what kind? _____ no
- b. Heart circulation illness? yes no
- c. Infectious disease (f. example hepatitis)? yes no
- d. Diabetes? yes no
- e. Blood clotting problems? yes no
- f. Other general illness? yes no
- Do you take medicines regularly? yes when yes, what kind?: _____ no
- Do you carry a cardiac pacemaker? yes no
- Women: Are you pregnant or is it possible that you are pregnant at present? yes no
- When did you have the last x-ray examination? Date : _____

Dental case history

- Do you prefer local anesthetic ? yes no
- Do you grind or press with your teeth? yes no
- Did you notice gum bleeding? yes no
- Have you lost a tooth occurred by tooth loosening or gum illness? yes no
- Do you recognise bad breath? yes no
- Are you a smoker or do you consume tobacco? yes no
- Are there existing any mean-worth mouth illnesses by your relatives ? yes no
- How much time do you spend daily with your dental care? less than 3 min. more than 3 min.
- Which aids do you use for your dental care?
- Interdental brush tooth brush dental floss Superfloss® tooth-pick
- electric tooth brush tongue cleaner toothpaste rinse liquid fluoride gel
- Did you ever had a gum treatment ? yes if yes, when? _____ no
- Did you ever had a saliva- or bacteria-test to determine *your* risk of illness ? yes no
- if yes, when? _____
- Have you been informed about „professional tooth cleaning“ and „professional dental care“? yes no

General questions

- Are you interested in better and high quality dental treatment even if they are not paid by your insurance? yes no
- Are you bothered by the appearance of your teeth? tooth colour tooth position
- Would you like to receive information about our intensive screening program? yes no
- Would you like to use our recallservice / recorder system and be reminded of you regularly ? yes no
- Who has recommended our dental practice? _____

Why did you change dental practice? _____

Still another reference:

Dear patient,

We have established a booking system in our dental practice, in order to avoid unnecessary waiting periods for our patients.

Therefore we essentially remind you to keep your time agreement with us. If in any case you could not be able to keep an appointment once, we ask you to communicate to us the refusal **at least 48 hours before!**

Otherwise we reserve ourselves to charge you for the loss damage in calculation, resulted from absences.

With my signature I confirm the completeness of my data and take note of the final reference.

Date

Signature