Zahnärzte Meiendorfer Höfe
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ZAHNÄRZTE
MEIENDORFER HÖFE

Welcome to our dental practice,

in order to make your visit as pleasant as possible, we need your support. In addition to your personal details, we need detailed information about your state of health, as this can also affect your dental treatment. We will be happy to answer all your questions in detail afterwards and hope thatt you feel comfortable with us!

All infortmation is of course subject to mediacal confidentiality!

Personal:

_____	_____	_____
Name / First Name	Date of birth	Place of birth
_____	_____	_____
Street / House number	Postal code	City
_____	_____	
Phone	Mobile	
_____	_____	
E-Mail	height and weight	

Insurance:

_____
Health Insurance

O ligally insured O privately insured O basic tarif

O Additional insurance O Eligible for aid

If you have family insurance, please complete the insured person details:

_____	_____	_____
Name / First Name	Date of birth	Place of birth
_____	_____	_____
Street / House number	Postal code	City
_____	_____	
Phone	Mobile	

Would you like to use our reminder service?
If yes, please tick:

O Phone O E-Mail

How did you become aware of us?

O recommended by: _____

Are there any health risks?	Yes	No	Type of illness / Medication
High blood pressure (not controlled)	O	O	_____
Blood clotting disorders	O	O	_____
Heart passpaort	O	O	_____
Endocarditis	O	O	_____
Congenital heart defect	O	O	_____
Heart valve replacement	O	O	_____
Heart attack (when?)	O	O	_____
Cardiac surgery in the last 6 months	O	O	_____
Diabetes Type-1/ Type-2	O	O	_____
Thyroid diseases	O	O	_____
Asthma	O	O	_____
Eye diseases	O	O	_____
Cancer diseases	O	O	_____
Osteoporosis	O	O	_____
Infectious diseases (HIV, Hepatitis, Tuberculosis)	O	O	_____
Joint prosthesis (when?)	O	O	_____
Renal failure/Dialysis	O	O	_____
Organ transplant	O	O	_____
other diseases	O	O	_____
Allergies (e.g. Penicillin, Eugenol, Latex)	O	O	_____
Pregnancy	O	O	Week _____

The reason for your visit _____

We take a lot of time for your treatment and want to avoid long waiting times through our appointment scheduling. If you are unable to keep your appointment, we ask you to cancel it in good time, but at least 24 hours in advance. We are entiteld to charge for missed appointments.

Please confirm the accurarcy of your information with your signature.

Hamburg, the _____ _____

Signature patient