

REGISTRATION FORM

Patient:				Date of birt	h:		
Insured Perso	n:			Date of birt	n:		
Address:							
Telephone:							
e-mail:			Mobile:				
Private Insura	nce:	Yes 🗌	No [
Insurance Con	npany:						
Social Security	y Number:						
Occupation:							
Company:							
Payment:	Cash (US \$ / E	Euro) 🗌 🤇	Credit Card (M	aster/Visa)	EC Card		
Dear Patie	nt,						
Should you, ask you to no that we may appointmen	on your pa otify us at accommo t without ation. As a	art, be pre least one date anoth 24-hour no a courtesy	vented fro day in adva ner patient otice, we re	m coming, we ance of your a . Should you f eserve the rigl	Ily as possible. would kindly ppointment, so ail to cancel your nt to charge you y to fill in your		
	Date		Signat	ture			
Who referre	d you to o	ur office?					
What is the primary reason for your dental visit?							

ZAHNARZTPRAXIS IM BURGSTRASSEN-CARRÉ



Nadja Mannl & Florian Mannl

We would like to inform you about our services									
Are you satisfied with the appearance of your teeth?									
Do you wish to be given information on the following treatment options?									
Veneers Bleaching Gold, porcelain or plastic fillings Periodontitis Periodontitis prophylaxis (i.e. prevention) Sports mouthguards Anti-snoring devices Professional tooth cleaning Cosmetic tooth cleaning (i.e. removal of nicotine, tea, coffee stains)									
Many diseases can have an impact on dental treatment. The following information is subject to doctor-patient privilege and is used solely to take your state of health into consideration during your treatment.									
Heart / Circulatory Diseases		Infectious Diseases		Allergies					
Please tick as applicable	yes no		yes no		yes no				
High Blood Pressure		Hepatitis / Yellow Jaundice		Antibiotics					
Valvular Defect		AIDS, HIV ***		Local Anesthetic					
Heart Pacemaker		Other		Other					
Other Heart Operations									
*** This information helps us achieve optimum preparation for your treatment									
Other Conditions:									
Diabetes		Tumors		Pregnancy					
Coagulation Defect		Epilepsy (Seizures)							
Respiratory Disease		Drug Addiction							
Use of Anticoagulants (e.g. Warferin ®, Marcumar ®, etc.)									
Are there any medications you are currently taking?									