



Praxisklinik für **Mund-Kiefer-Gesichtschirurgie** Bonn-Rhein-Sieg

Registration

Personal details

Patient: _____
Last name/surname _____
First name/forename _____ Prefers _____
Date of birth _____
Address _____
Occupation _____
Place of work _____
Phone at work _____ Phone at home _____
Insurance _____
Statutory _____ Private _____

Member (if not the same as patient)

Last name _____ First name _____
Date of birth _____
Address _____
Occupation _____
Place of work _____ Phone at work _____

Medical history

Are you on any regular medication?

Do you have any allergies?

Do you suffer from heart disease?

Do you have any circulatory problems?

Do you have any metabolic disorders?

Do you have any blood disease?

Do you have any infectious disease?

Do you smoke?

Are you pregnant?

Thank you very much for your co-operation. Please inform us of any changes.

Pleas note: You have to give at least 24 hours notice if you wish to cancel your appointment. Otherwise we will have to invoice you for the lost time. We ask for your understanding.

Your personal data is carefully kept secret to the public. They are protected by doctor-patient-confidentiality through German federal law (§203 StGB) and the strict rules of privacy. We kindly ask you to thoroughly and truthfully fill out this form.

It is our declared endeavour, to make your stay in this dental office as pleasant as possible. In case something seems unsatisfactory to you, pleas do not hesitate to inform us. We can only improve things with your feedback. Thank you.

Date:

Signature: