



Dear Patient,

for your safe and successful treatment we have a couple of questions regarding your medical history which we would like you to answer as thorough and precise as possible. All of your details underly the medical confidentiality. Should you have any trouble understanding the questions, please feel free to ask our practice personnel. Please pay attention to the information on the paper to your left. Thank you for your cooperation!

Patient:

Surname: _____ First Name: _____ Date of Birth: _____

Insured Person:

Surname: _____ First Name: _____ Date of Birth: _____

Street/ Nr: _____ ZIP, City: _____

Profession: _____ Employer: _____

Mobil: _____ Phone: _____

E-mail: _____

Insurance company: _____

social security private Beihilfe Basic

Last X-Rays of the cranial (head) region? _____

Please check if you have or had the following conditions:

	Yes	No		Yes	No
Heart-/ Circulatory diseases	<input type="checkbox"/>	<input type="checkbox"/>	Heart-valve-replacement	<input type="checkbox"/>	<input type="checkbox"/>
High bloodpressure (Hypertonia)	<input type="checkbox"/>	<input type="checkbox"/>	Herzinfarkt, Angina Pectoris	<input type="checkbox"/>	<input type="checkbox"/>
Bypass/Stent/Pacemaker-Operation	<input type="checkbox"/>	<input type="checkbox"/>	Endocarditis	<input type="checkbox"/>	<input type="checkbox"/>
Blood Clotting Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	Do you bruise easily?	<input type="checkbox"/>	<input type="checkbox"/>
Immune deficiency (HIV/AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism, rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Liver disease (e.g Hepatitis A,B,C)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberkulosis	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease (z.B Asthma, COPD)	<input type="checkbox"/>	<input type="checkbox"/>	Kidney deficiency	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>	Eye disease (glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (sugar disease)	<input type="checkbox"/>	<input type="checkbox"/>	Gastro-intestinal-diseases	<input type="checkbox"/>	<input type="checkbox"/>
Past tumors _____	<input type="checkbox"/>	<input type="checkbox"/>	Intake of Bisphosphonates	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	Do you tend to black out easily?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Did you ever undergo chemotherapy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke? (Cigarettes/day: _____)	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>

Allergies? Which ones?: _____

Medication? Which ones?: _____

With my signature I confirm that all of the data I filled in are correct, and I know that in case of a change, I am obligated to inform the doctor of such.

X

City, Date

Signature of Patient / parental guardian



Zahnarztpraxis Braun

Dr. med. dent Annette Braun
Dr. med. dent. Mario Braun
Zahnarzt Andreas Rüdiger

Important Information

Dear Patients!

Local Anesthesia

It is very important to us, to treat you as pain-free as possible.

In order to do so, during some treatments it is necessary to apply a local anesthetic. Depending of the location of the tooth, this bears the following, rarely occurring risks:

- Injury of the facial nerve (nervus alveolaris inferior) with a paresthesia of the tongue, cheek and chin area of the affected side
- temporary paresthesia of the tongue nerve (nervus lingualis) which can lead to bite-related injuries on the tongue
- seringe-abscess with a temporary local swelling and hematoma

Of course your doctor will inform you of any risk regarding the treatment before the beginning of therapy

Keeping Appointments and being on time:

In order to give you a timely appointment soon and in order to reduce your waiting time in our practice we use a digital appointment system.

In order to support us, we ask you to please be on time for your appointments. In case you will not be able to make your appointment, please call at least 12 hours before your appointment to cancel.

In case you are late or do not show up for your appointment multiple times, we reserve the right to bill you for the lost time in order to balance out the loss of time and covering the expenses that were made to prepare everything for your appointment.

With pleasure we will answer and further questions you might have!

Your dental team Dres. Braun