MODERNE ZAHNMEDIZIN
DR. BUTZ & PARTNER
IN DEN FÜNF HÖFEN

Registration Form and Medical History

Dear patient,

welcome to our practice. To exclude potential risks during your treatment, it is essential that you answer the questions below with great diligence. It goes without saying that all information you provide is treated confidentially among your dentists and their team. Thank you for your cooperation.

Patient

Surname: _____
Given name: _____
Date of birth: _____
Place of birth: _____
Address: _____
_____
Private e-mail: _____

Insured person

Surname: _____
Given name: _____
Date of birth: _____

Telephone numbers

Private: _____
Mobile: _____
Business: _____

Invoice recipient

Surname: _____
Given name: _____
Address: _____

Profession: _____
Employer, location: _____
_____
_____

Are you eligible for benefit from public service? yes ☐ no ☐
Insurance company: _____
Cumpolsory insurance: yes ☐ no ☐

How did you find out about us?

_____
_____

Are there health risks? yes ☐ no ☐
If yes, what are they?

Do you have allergies? yes ☐ no ☐
If yes, what kinds?

Do you have ...

gastrointestinal disease? yes ☐ no ☐
cardiovascular disease? yes ☐ no ☐
coagulation disorders? yes ☐ no ☐
high blood pressure? yes ☐ no ☐
low blood pressure? yes ☐ no ☐
diabetes? yes ☐ no ☐
kidney disease? yes ☐ no ☐
glaucoma? yes ☐ no ☐
Have you had cancer? yes ☐ no ☐

Do you have a pacemaker? yes ☐ no ☐

Are you pregnant? yes ☐ no ☐
If yes, how many weeks? _____

Do you have ...

osteoporosis? yes ☐ no ☐
an infectious disease? yes ☐ no ☐
migraine? yes ☐ no ☐

thyroid disease? yes ☐ no ☐
HIV ☐ Hepatitis B ☐ Hepatitis C ☐

Do you take medication? yes ☐ no ☐
If yes, what medication?

Do you smoke? yes ☐ no ☐

What is your reason for coming to see us?

Which dental practice did you visit before?

Do you have an x-ray record card? yes ☐ no ☐
Did you have an x-ray examination in the past 2 years? yes ☐ no ☐

Do you have an implant passport? yes ☐ no ☐

Our service includes a reminder for our patients **one day before** an appointment. Do you wish to receive it

via e-mail ☐
by phone ☐
via SMS ☐
or would you rather not receive a reminder? ☐

We will also happily remind you when professional **tooth cleaning** is due. Do you wish to receive the reminder

via e-mail ☐
by phone ☐
via SMS ☐
or would you rather not receive a reminder? ☐

Munich, _____ Signature _____

With my signature, I confirm the accuracy of my information.