

Registration sheet - adults



smile pasing

ORTHODONTICS

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Specialist Dental Practitioner in Orthodontics

Welcome to our practice! We would like to talk about your orthodontic wishes and will give you the right advices for your treatment . As well as your personal data, we need at your next appointment information about your general state of health. Your information will be kept in confidence. They are liable to the medical confidentiality appropriate §203 of the StGB as well as the terms of data privacy.

patient

last name: _____
first name: _____
street, no: _____
ZIP/city: _____
Date of birth: _____

Phone-No.: _____
mobile: _____
health insurance: _____
(name and city)

insurant

last name: _____
first name: _____
date of birth: _____
employer: _____
occupation: _____
phone: _____
(business)

first name of husband: _____
birth of date: _____
employer: _____
occupation: _____
mobile: _____
e-mail: _____

type of insurance

- legally insured tariff for privately insured
 voluntarily insured additional insurance for orthodontics
 privately insured allowance

name of dentist: _____ City: _____
name of general practitioner: _____ City: _____

How did you hear about us?

- friends / relatives internet (internet-portals) get more information on:
www.smile-pasing.de
 advertising (daily press/magazines/ etc.) other: _____

I agree that my data or the patients data will be saved and will eventually given to a billing company.
In case of a handover or the employment of a representative, I agree to commit my personal data to the follower.

PLEASE NOTICE THE REAR PAGE!

Date: _____

Signature: _____



general state of health

- Do you have general diseases? (heart, liver, kidneys, blood coagulation disorder, diabetes) or infectious diseases (hepatitis, AIDS)?
If yes, which? _____ yes no
- Do you take medicine regularly?
Which and for what? _____ yes no
- Are you allergic or incompatible to anything?
Which? _____ yes no

Questions to X-rays

- Did your head/jaw has been X-rayed in the last 12 months? yes no
- Women: Are you pregnant? If yes, which month? _____ yes no

Questions for orthodontic reasons

- Did you already have an orthodontic treatment?
Which doctor? _____ yes no
- What annoys you most about your teeth and jaw?

- Do you have problems with your jaw-joint? yes no
- Do you often have headache or feel pain in your face or when you chew?
Which? _____ yes no
- Do you have bruxism?
Till when? _____ yes no
- Did you have accidents involving your teeth or your jaw?
If yes, which? _____ yes no
- Are you breathing through your mouth, have you often been cold or are you snoring?
What? _____ yes no
- Have you ever been under medical treatment of an ENT doctor?
When and what have been done? _____ yes no

Under regulations under point 5 (orthodontics) para. 4 by committee of dentists and health insurances of 01.january 2004, **orthodontic treatments on insurants who have already completed their 18th year** at the beginning of the treatment, **do not belong to the dental care provided under contract.** This also concerns first consultation and examination.