

## PATIENT

Patientnr.:

Last Name

First Name

Title

Street

Postal

City

Country

Date Of Birth

Telephone

Insurance

Profession

Email

## HISTORY

YES NO

Are you currently undergoing medical treatment

☐ ☐

Do you regularly take medication? *If yes, which ones?*

☐ ☐

Do you have allergies? *If yes, which ones?*

☐ ☐

Are you suffering from cardiac problems?

☐ ☐

Are you wearing a pacemaker?

☐ ☐

Are you suffering from blood disorders?

☐ ☐

Are you suffering from epileptic events? *If yes, which ones?*

☐ ☐

Are you suffering from diabetes

☐ ☐

Do you have any infections such as HIV, Hepatitis B/C? COVID-19? *If yes, which ones?*

☐ ☐

Are you pregnant?

☐ ☐

Are you suffering from bleeding gums?

☐ ☐

Do you have pain in the jaw joints?

☐ ☐

I hereby give my explicit consent for the processing of sensible personal medical data according to DSGVO Art 4 Z 11. I understand that an anaesthetic injection might impair driving a car. If important changes in private data or the medical history occurs I will make sure to forward them.

I understand that there is a risk of hospital-acquired infection during treatment, I give explicit consent to undergo dental treatment knowing the risks involved and abstain from legal charges.

If an appointment can't be attended, we ask you to give us a timely cancellation (24h before) otherwise we have to bill the missed appointment to an amount of up to € 300 or more depending on the reserved time.

Date

Ing. Dr. med. dent. OMAR HAMID  
Oral Surgery, Implantology, Aesthetics, 3D

Signature