

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