

Zahnarztpraxis

Dr.Sorge

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Dear Patient - A Warm welcome to our Dental Office!

Patient

Last Name _____ First Name _____
Date of birth _____
Street, No _____ Post/ zip code _____
_____ City _____
Tel. no. private _____ Day tune tel.no. _____
_____ e-Mail _____

Member

Last Name _____ First Name _____
Date of birth _____
Street, No _____ Post/ zip code _____
_____ City _____
Tel. no. private _____ Day tune tel.no. _____
_____ e-Mail _____
Name of health insurance _____
Insurance: _ private _ compulsory _ voluntary _ government

General Health Record

1. Do you/ did you suffer of any of the following diseases?

(Please check where applicable)

- Heart attack date _____
 Stroke date _____
 Paralysis date _____
 Blood pressure _ low _ normal _ high
 Allergic reaction to medication which _____
 Allergies (e.g. hay fever) which _____
 Heart murmur
2. Are you wearing a peacemaker _ no _ yes
3. Are you pregnant _ no _ yes week _____
4. Date of last X-ray approx. _____
5. Are you taking medications _ no _ yes
6. Bleeding gums _ no _ yes
- Asthma
 Diabetes
 Rheumatism
 Bleeding disorder which _____
 HIV-Infection
 Hepatitis
 TBC
 Thyroid malfunction

Dental Health Record

1. Are you interested in tooth colored Amalgam-Alternatives ___ yes ___ no
2. Are you interested in further information on one of the following methods on treatment in modern destistry:
 ___ Prophylaxis - healthy teeth for ever
 ___ 'smile-make over' - esthetic dentistry
 ___ Implants - permanent tooth replacement

To the best of my knowledge, all of the preceding answers are true and correct.

Date, Signature

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