medical history

Welcome to the dentalpractice Dr. Michael Schlemmer

Before we discuss your dental wishes, we also need information about your general state of health in order to ensure adequate and risk-minimized treatment. All information provided is subject to medical confidentiality in accordance with section 203 of the penal code and the regulations of data protection. Please inform us immediately of any changes.

Personal data surname: foren			ame: birth:			
ddress:			zip-code, city:			
E-Mail			Zip oodo	,, oity.		
phone:			mobil:			
insurance:			Aid,(Beihilfe):			
insured person:			birth:			
Family doctor:			Tel.:			
Recommended by:						
	yes	no	1		yes	no
Would you like to be reminded of your half yearly appointments:				ou like any information about hylaxis program:		
medical history	VAC	no			Vec	no
What medications do you take?	yes	no			yes	no
What medications do you take:						
Are you allergie to certain medications?						
heart disease			osteopor	osis		
blood clotting				uired immune deficiency		
			syndrom			
valvular defect			hepatitis			
bacterial endocarditis			glaucoma			
cardiac pacemaker			tumor			
rhematism			diabetes			
allergy / hay fever			If yes wh	ich ones?		
Other illnesses or infections:						
dental history						
Do you have a toothache at the moment?	yes / no		Do you have gum bleeding?		VE	es / no
Do you have any problems with chewing?	yes / no		Do you have gam blooding.		<u> </u>	30 / 110
programme man and any programme man and and any	1) -	-,	1			
Other						
Are you progrant?	yes / no			which wools		
Are you pregnant?	maybe			which week:		
Do you smoke?	yes	s / no	Would you like an injection? yes / no			
Do you have an x-ray pass?	yes / no		When was your last x-ray?			
*) Please note that your ability to drive may 4-6 hours.	be im	paired	under the	influence of medication or local	anesth	etic for
Do you like a special talk over		<i>(</i>)	A			()
your personal caries risk		()	Aesthetic dentistry			()
periodontitis			Implants			()
Fillings or other alternatives	1 ()		Bleaching			()
Inlays		()	others			
Please notify us at least 24 hours in advance be billed for unused time. In the event of an unforeseen emergency, v	-			• •	se, yo	u may
date			Sign			