Dental practice Dr. Kolling & Partner · Sendlinger Str. 14 · 80331 Munich

A warm welcome to our practice

Dear patient,
We are pleased that you wish to entrust your dental health to us. So that your treatment can be adapted to suit your wishes and your health status, we ask you to answer the following questions.
All information here is subject to the medical privacy laws!

Last name: _____ **First name:** _____
Date of birth: _____ **Profession:** _____
Street adress: _____ **Employer:** _____
Postal code, town: _____ **Private phone:** _____
Email: _____ **Mobile:** _____

Medical insurance / insurer: _____ *(Please tick where applicable)*

- ☐ Member
- ☐ Family coverage
- ☐ Retiree
- ☐ Privately insured
- ☐ Voluntary insurance
- ☐ Eligible for benefit / supplementary insurance

In case of family coverage, specific data on the insured/policyholder:

Last name: _____ **First name:** _____
Date of birth: _____ **Private phone:** _____
Profession: _____ **Employer:** _____
Work phone: _____

Who referred you to us? _____
What treatment do you feel you require? _____
When and where was your last dental treatment? _____

Do you presently have dental pain/complaints?	☐ yes	☐ no
Does your jaw crack when you chew or yawn?	☐ yes	☐ no
Would you prefer your treatment under anaesthesia?	☐ yes	☐ no
Are you afraid of dental treatment?	☐ yes	☐ no

Would you like detailed information concerning:

Individual prophylaxis / saliva test	☐	Cosmetic dentistry	☐
Periodontal treatment	☐	Tooth-coloured ceramic inlays	☐
Mandibular joint treatment	☐	High quality tooth replacement	☐
Mercury elimination	☐	Implants	☐
Dental naturopathy	☐	Bleaching / whitening teeth	☐

Medical findings *(tick where applicable:)*

Allergies?	☐ no	☐ yes	To what?	_____
Medications?	☐ no	☐ yes	What?	_____
Do you smoke?	☐ no	☐ yes	☐ 1–5 cigarettes	☐ More than 5 cigarettes

Do you have/have you had the following conditions *(tick where applicable:)*

Heart disease	☐	Respiratory disease	☐
Cardiac pacemaker	☐	Tendency to bleed / Marcumar	☐
Immune compromise (HIV+)	☐	Liver disease	☐
Asthma	☐	Arthritis	☐
Diabetes	☐	Epilepsy	☐
Blood pressure	☐ high	☐ low	☐ normal

P.T.O.

For our female patients: ☐ Pregnancy? If so, in what month? _____

When was the last x-ray examination of your head region: _____

Miscellaneous: _____

Your general practitioner: _____

Order System

In order to spare you long waiting times we treat according to prior established appointments. Therefore we request that you arrive punctually at the time reserved for you – we, too, will try to adhere to this time. Our goal is to carry out treatment without time pressure. Should delays nonetheless arise, please be kind enough to understand that the time required for dental treatment cannot always be planned in advance.

Missed appointments

In order to spare you unnecessary waiting times and for us to treat you in a calm manner, our practice is run according to the order system. Please inform us as early as possible if you cannot keep your appointment for health, professional or personal reasons. Please understand, if we are for missed appointments that are not canceled 24 hours in advance, an invoice in the amount of downtime, per hour or part there of shall. If you cannot reach us personally, you can also leave a message on our answering machine or send us an email.

For your special attention

Anaesthetic drugs (injections) can in principle affect your ability to drive.
Please consider this with regard to your treatment times.

Newsletter subscription

I want to receive our free email newsletter and enjoy the latest news on the subject of dental health on a regular basis. ☐ yes

Prophylaxis - on everyone's lips!

In our practice you can make use of an individual prophylactic programme adapted to your dental condition and its tendency to caries susceptibility.This treatment is personal treatment and is only partially compensated by the national health insurance. We will inform you accordingly of the costs.
Would you like more detailed information? ☐ yes

Recall – the automated order system

According to the recall system the next examination appointment is already agreed upon at the conclusion of the present treatment. Depending upon your individual treatment needs such as, for example, periodontal treatment, extensive stabilisation or in instances of increased tendency toward caries susceptibility, a time period of 2 to 6 months will be chosen.
If you would like to use this service, please tick „yes". ☐ yes

Information on Invoicing

So that we can give your treatment our fullest attention, we assign your invoice to the Zahnärztliche Abrechnungsgesellschaft AG (dental settlement association) in Düsseldorf. For this purpose it is necessary that your personal data and the treatment dates of the dentist and the ZAAG be collected, possibly electronically, stored, processed and transmitted on behalf of the preparation of your invoice as well as for collection and if necessary legal enforcement of the claim. You herewith declare that you agree to free us from the medical confidentiality obligation and specifically agree that the claims resulting from the treatment be assigned to the Zahnärztliche Abrechnungsgesellschaft AG, Düsseldorf and, if necessary, to the refinancing institute Deutsche Apotheker- und Ärztebank e. G. Düsseldorf. You herewith authorise the Zahnärztliche Abrechnungs-gesellschaft AG, Düsseldorf to obtain solvency information, if necessary, from a credit protection organisation and to obtain information on your person in connection with a claim resulting from your treatment. This does not involve any extra costs to you.

We thank you for your cooperation and request that you pass on any changes to us immediately.

Date: _____ **Signature:** _____

(Patient / guardian)