



**When were your latest dental x-ray pictures taken?**

Date \_\_\_\_\_ By dentist \_\_\_\_\_

Street/no. \_\_\_\_\_ Post code/city \_\_\_\_\_

**Are you currently planning to have children?**       yes       no

**Female Patients: Are you pregnant?**     yes, in the \_\_\_\_\_ week .     no     uncertain

We request that you notify us if you become pregnant during your planned treatment period so that we can take any necessary safety precautions.

**Special requests for my dental treatment:** \_\_\_\_\_

Please note that your ability to drive will be impaired after receiving a local anaesthetic. We ask that you inform us immediately in case of any changes to the state of your health.

If you are unable to attend your appointment, we request that you cancel as soon as possible and at least 48 hours in advance. This will be a great help to both us and your fellow patients. For repeated non-attendance without prior cancellation, for organisational reasons, we will be unable to offer you any more fixed appointments. Downtime can be calculated according to §§ 615 clause BGB, 287 ZPO (German code of civil procedure).

Please also note the service hours of your dentist (SGB V, § 76, para. 3, p.1 „Change of the practitioner during the quarter“).

Your information is subject to the provisions of the General Data Protection Regulation (GDPR). Notices containing detailed information about patient data protection are displayed in the practice. I agree that my data may be used for the purposes outlined below by means of telephone/SMS/e-mail/postcard:

For the allocation of appointments and provision of reminders for routine check-ups („recall“), and the sending of greeting cards and birthday cards by the reception team of Ärzte nach Bedarf GmbH (RD GmbH), Burgunderstraße 35, 40549 Düsseldorf.

For the dispatch of informative letters and newsletters to the e-mail address I have provided by oral+venture AG, Berliner Allee 61, 40212 Düsseldorf.

In addition, I hereby agree that dentists of the Pluszahnärzte®, dentist network, which I may visit, if necessary, for further treatment, may inspect patient records, process collected patient data electronically, and for the purpose of representation with colleagues, may exchange all necessary medical and other personal data in relation to my person, as far as this is necessary for the proper execution of further treatment. This agreement also includes any auxiliary help and assistants within the practice. This is particularly important for the avoidance of double treatment and multiple x-rays.

I am aware that this consent that I have granted to the medical practitioner can be informally revoked at any time with future effect only; any previous disclosures of data covered by this consent shall remain lawful. These consents are given voluntarily.

I hereby confirm that the content is complete and accurate. I have taken note of the instructions at the end of the case history sheet. All entries were made either by myself or my legal representative, in the practice

We hope that you feel comfortable in our practice; please do not hesitate to contact us if you have any questions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (of legal guardian for minors)