Leipziger14 Viktorov, Planert, Zorn – Partnerschaft
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Welcome to Leipziger14 – your dentists. We are pleased, that you entrust us with your dental health

In order to prepare your treatment optimally, please fill out this form as completely as possible. Please let us know about any medical problems, about your wishes and what you put special emphasis on at the dentist. Your information will be stored electronically and will be subject to medical confidentiality, as well as to the rules of data protection (EU-DSGVO).

Patient data

❑ Mrs. ❑ Mr.

Surname	First name
Street	City, Postcode
Date of birth	E-Mail Address
Phone Number	Mobile Phone Number
Profession	Employer

Insurance

❑ Legally insured
❑ Voluntary insured
❑ Dental Supplementary Insurance

❑ Private insured
❑ Standard rate
❑ Basis rate
❑ Student rate
❑ Eligible for help

The present concern

❑ examination
❑ nicer teeth / smile
❑ bleeding gums

❑ toothache
❑ brighter teeth / bleaching
❑ amalgam removal

❑ implant
❑ Professional teeth cleaning
❑ jaw joint problems

❑ Other? _____

Your Personal Health Check

❑ heart disease
❑ glaucoma
❑ diabetes
❑ epilepsy
❑ osteoporosis
❑ tuberculosis
❑ pacemaker
❑ HIV
❑ thyroid disease
❑ kidney disease
❑ rheumatism
❑ Other _____
❑ high / low blood pressure
❑ anticoagulant
❑ liver disease (hepatitis)
❑ stomach / intestinal disease
❑ Creutzfeldt Jakob Disease

Do you have any allergies or sensitivities to drugs?

If yes, which: _____

Do you regularly take any medication?

If yes, which: _____

Do you need to take antibiotics before a dental treatment?	❑ yes	❑ no
For our female patients: Are you pregnant?	❑ yes	❑ no
Are you a smoker?	❑ yes	❑ no
When was your last professional cleaning?	Date	_____
When was your last periodontal treatment?	Date	_____

You are important to us

When did you last visit a dentist? _____

What matters to you most at the dentist? _____

Are you afraid of dental procedures? _____

Do you have a low pain threshold? _____

Do you have a strong gag reflex? _____

What did you miss most at the last dentist visit? _____

A recommendation is the biggest compliment for us and we would like to say thanks: Who recommended us? _____

Consent

With my signature I confirm the completeness and accuracy of the information.

Berlin, _____ _____

Signature