

Title: _____

Surname: _____

First name: _____

Address: _____

Postcode, city: _____

 Date of birth: _____

 Private phone: _____

 Mobile phone: _____

 Email: _____

 Profession: _____

 Health insurance: _____

 AHV / AVS Nr.: _____

 Family doctor, City _____

How did you hear about us? ☐ Recommended by: _____

☐ Referral ☐ Walking by ☐ Google ☐ Facebook ☐ Instagram ☐ other: _____

I RECEIVE FINANCIAL SUPPORT:

☐ No

☐ Yes: ☐ Supplementary benefits (EL)
☐ Social assistance /welfare
Which office / authority _____

 WE SEND INVOICES AND COST ESTIMATES BY E-MAIL.

☐ I wish to receive correspondence by post (+ CHF 2.50)

What is more important to you during dental cleaning?

☐ as gentle as possible
OR
☐ as thorough as possible

ARE YOU CURRENTLY OR WERE YOU CURRENTLY UNDER MEDICAL TREATMENT?

☐ Yes, because of: _____

☐ No

ARE YOU CURRENTLY TAKING REGULAR MEDICATION?

☐ Yes, the following: _____

☐ No

Do you take blood thinners?

☐ Yes, the following: _____

☐ No

Do you hold a medical identity card or pass?

☐ Yes: ☐ No

☐ Endocarditis pass
☐ Allergy pass
☐ Anticoagulation pass

Do you smoke?

☐ No

☐ Yes: approx _____ cigarettes per day.

For women only: Are you pregnant?

☐ Yes ☐ No

Do you have or have you ever had :

☐ Heart problems ☐ Low blood pressure ☐ Hepatitis ☐ Severe rheumatism

☐ Circulatory disorders ☐ Asthma ☐ HIV ☐ Diabetes type

☐ High blood pressure ☐ Osteoporosis ☐ Digestive disorders ☐ Allergies: _____

☐ Other serious illnesses: _____ ☐ None of these

I take note that the data or findings from my medical history, including X-rays and photos, copies or printouts thereof, may be exchanged with my doctor or other persons subject to medical confidentiality, as well as insurance companies, etc., for any necessary clarifications or information, and that data required for invoicing, debt collection, and bookkeeping may be passed on to the institutions involved.

I agree that — if necessary — I will be given local anesthesia (local numbing). I have been informed that in the lower jaw and tongue, in very rare cases, irritation can occur (persistent numbness, tingling), which as a rule disappears again. I take note that after dental-surgical procedures under local anesthesia with active participation in road traffic, there is an increased risk of accidents for several hours.

If an appointment is not canceled at least 24 hours in advance (Monday–Friday), we may charge a fee for the scheduled time slot.

I take note that photo documentation may be carried out during treatments, and that these photos may be used — in anonymized form — for promotional purposes.

☐ I have read, understood, and truthfully answered everything.

Basel, date: _____

Signature: _____