zahnarzt st.johann

Title: ....

Family name: ....

First name: ....

Road, no.: ....

Postcode, city: ....

Date of birth: ....

Phone: ....

E-Mail : ....

Profession : ....

Health insurance: ....

AHV-Nr.: ....

Family Doctor, City: ....

How did you hear about us? ☐ Known ☐ Referral ☐ Advertising sign
☐ other: .... ☐ Google ☐ Facebook ☐ Instagram

I receive support.
☐ No
☐ Yes: ☐ supplementary benefits (EL)
☐ Social benefits

I would like to receive your appointment reminder by
☐ SMS
☐ E-Mail
☐ Phone

I would like to receive invoices and cost estimates by
☐ Email
☐ Post

I have been or are currently under medical treatment.	☐ Yes, for: ☐ No
I regularly take medication.	☐ Yes, the following: ☐ No
I have a health card.	☐ Yes: ☐ endocarditis card ☐ allergy card ☐ anticoagulation card ☐ No

Do you smoke? ☐ No ☐ Yes: approx. cigarettes a day.

Women only: ☐ I am pregnant.

I have or have ever had:

☐ heart disease ☐ circulatory disorders ☐ high blood pressure ☐ low blood pressure	☐ asthma ☐ hay fever	☐ hepatitis ☐ HIV	☐ digestive disorders ☐ severe rheumatism ☐ diabetes Typ ....

☐ an allergie to:

☐ an eye disease:

☐ another serious medical condition:

☐ none of that.

I understand that the data or information from my medical history, including x-ray pictures and photos, or copies or printouts thereof can be forwarded for the purpose of clarification or information to third parties (e.g. doctor, insurers or others bound by medical confidentiality). I also agree that data necessary for invoicing, accounting and debt collecting can be given to the relevant authorities.

I consent to being given local anaesthesia if necessary. I have been informed that this can in very rare cases result in side effects (continuing feeling of numbness, tingling sensation) in the lower jaw or tongue, which is usually temporary. I understand that following oral surgery procedures under local anaesthesia it is not advisable to drive or cycle for several hours.

Our privacy policy can be viewed on our homepage and in our waiting room.

☐ I have read, understood and answered everything truthfully.

Basel, ...
(date)

Signature: ....