

Title:
 Family name:
 First name:
 Road, no.:
 Postcode, city:

Date of birth:
 Phone:
 E-Mail:
 Profession:
 Health insurance:
 AHV/AVS-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

We send invoices and cost estimates by e-mail.
 I wish to receive correspondence by 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:

<input type="checkbox"/> heart disease	<input type="checkbox"/> asthma	<input type="checkbox"/> hepatitis	<input type="checkbox"/> digestive disorders
<input type="checkbox"/> circulatory disorders	<input type="checkbox"/> hay fever	<input type="checkbox"/> HIV	<input type="checkbox"/> severe rheumatism
<input type="checkbox"/> high blood pressure			<input type="checkbox"/> diabetes Typ
<input type="checkbox"/> low blood pressure			

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.
 If an appointment is not cancelled at least 48 hours in advance (Monday-Friday), we can charge a cancellation fee for the required time. This is at least CHF 30.- per 15 minutes or alternatively a flat rate of CHF 100.-. Your personal data may be forwarded to InkassoMed AG/Intrum AG and stored there for the purpose of credit and address checks. In case of any reminders from us, a reminder fee of CHF 10 will be charged on the first reminder and CHF 20.- on the second reminder. In case of further payment delays, further processing costs will be incurred by the transfer to InkassoMed AG/Intrum (at the earliest after the 2nd written reminder) in accordance with www.payfair.ch
 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: