Admission Form Dr. med. Uwe Sander

Specialist in Oral and Maxillofacial Surgery, Plastic Surgery
Main area of expertise: Implantology

Dear Patient. Welcome to our practice. Please fill in this questionnaire in full, so that we can treat you as good as possible, and to get hold of you if need be.

..... Name	..... Surname	..... Date of birth
..... Postcode/City	..... Street	..... Street No.
..... Telephone private /Mobile	..... Telephone Work	..... E-Mail
..... Employer	..... Proffession	
..... Referring Doctor/Dentist	..... Name, Surname, Date of Birth of the Insured	
..... Medical Insurance		

Please take care to answer the questions below as accurate as possible. Your data will be treated confidentially.

Do you/did you suffer from any of the conditions listed below?

Do you tend to faint ☐ yes ☐ no
Blood pressure ☐ normal ☐ low ☐ high
Heart condition/bypass ☐ yes ☐ no
Other?.....
Bleeding ☐ yes ☐ no
(Medication: Warfarin? Heparin? Aspirin? etc.)
Infectious disease: HIV ☐ yes ☐ no
Hepatitis ☐ yes ☐ no ☐ A ☐ B ☐ C ☐ other

Diabetes ☐ yes ☐ no
Thyroid disease ☐ yes ☐ no
Lung condition/Breathing problems ☐ yes ☐ no
Liver condition ☐ yes ☐ no
Kidney condition ☐ yes ☐ no
Condition of nervus system ☐ yes ☐ no
Epilepsie/Stroke ☐ yes ☐ no
Keloid or hypertrophic or pigmented scarring ☐ yes ☐ no

Any other medical conditions? .....

Are you currenty under any medical or surgical treatment? ☐ no ☐ yes, because of .....

Name of your treating doctor/surgeon? .....

Do you take any medication? ☐ no ☐ yes, which kind .....

.....

Do you know of any allergies you might have? ☐ no ☐ yes, to .....

.....

Other allergies: .....

Are you/have you been treated for osteoporosis (Bisphosphonate*) ☐ yes ☐ no
(*Zometa, Aredia, Bonviva, Bondronat, Fosamax, Fosavance, Skelid, Bonefos, Didronel, Diphos,...)
Did you have any x-rays of your jaws/ teeth taken in the past 12 months? ☐ yes ☐ no

Are you pregnant? ☐ yes ☐ no
Do you smoke? ☐ yes ☐ no

If for some reason you are not able to keep your appointment with us, please cancel it as soon as possible. We reserve the right to charge patients who do not cancel their appointments with us. Post local or general anaesthesia you are not allowed to drive.

Failure to pay our in voices will results in additional legal cost and should be avoided.

please continue on page 2

<u>Please note the following</u>:
We kindly ask that you cancel your appointment as early as possible if you are unable to attend. Our patients receive treatment based on fixed appointments to ensure adequate treatment time is available. We reserve the right to claim compensation for both no-shows and late cancellations.
Any treatment with local or general anaesthesia may have a negative impact on your ability to participate in traffic. Driving post-treatment should be avoided.

I have read the privacy policy and agree to the storage of my personal data by the joint practices.
I was advised that I am entitled to withdraw my agreement at any time in writing or by e-mail to the practices (Art. 7 Abs. 3 DSGVO).
I am aware that the revocation of the consent does not concern the lawfulness of processing of personal data until the revocation (Art. 7 Abs. 3 Satz 2 DSGVO).

I hereby give consent for all personal and medical data stored to be processed by the operating physician staff and shared with attending physicians as they deem appropriate for my treatment. This consent covers all physician and staff of the joint practices Q213.

If you received x-rays from your dentist by email, please send them to us in advance to:
mkg@drsander.berlin

Would you like to receive an appointment reminder by email from Practice Dr. Sander for surgery appointments?

□ **YES** □ **NO**

_____
E-mail in block letters

Berlin, _____ _____
Date Signature