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Registration form with anamnesis

Dear patient,
a warm welcome to our dental office. Please answer the following questions conscientiously to ensure a safe treatment. Your data will be handled confidentially. Our "personal data collection statement" is accessible at our office. Thank you very much for your cooperation.

Patient

Last Name: _____
First Name: _____
Date of birth: _____
Street, No: _____
Zip code and city: _____

Member

Last Name: _____
First Name: _____
Date of birth: _____

eMail: _____
Occupation/
Profession: _____

Tel. number

Tel. no. private: _____
Mobilephone: _____
Tel. no. work: _____

Who should receive the bill?

Last Name: _____
First Name: _____
Date of birth _____
Street, No: _____
Zip code and city: _____

Insurance company _____

Do you have a supplementary insurance? yes no

How did you hear about us?

- Acquaintance/ recommendation
- Internet
- Ad/ newspaper
- Phone book
- Practice sign
- Other _____

Are there any health risks?

If yes, which ones? _____

Do you have any allergies or intolerances?

If yes, which ones? _____

Do you suffer from heart/cardiovascular diseases? yes no
Do you have a pacemaker? yes no
Do you suffer from a coagulation disorder? yes no
Do you take bisphosphonates? yes no
Do you take any blood thinners (e.g. Marcumar, Xarelto)? yes no
Do you suffer from high blood pressure? yes no
Do you suffer from low blood pressure? yes no
Do you suffer from other infectious diseases (HIV, Hepatitis,...)? yes no

If yes, which ones? _____

Are you infected with the Creutzfeldt-Jakob disease? yes no

Do you suffer from thyroid diseases? yes no

Do you take any medicine regularly? yes no

If yes, which ones? _____

Do you suffer from glaucoma? yes no

Do you have diabetes? yes no

Are you pregnant? yes no

If yes, which month? _____

I need a new bonus booklet from my statutory health insurance yes no

I agree to report any changes of my health condition during the entire treatment period immediately. I further agree to keep all scheduled treatment appointments or to cancel them at least 24 hours prior to the scheduled appointment. I understand that appointments not cancelled in time will be billed.

To the best of my knowledge, all of the preceding answers are true and correct.

Stuttgart,

Patient or legal guardian