



Dear patients,

you are warmly welcome to the dental office Dr. Lange. Thank you for your trust. Please complete this form correctly and inform us about any changes to state of health, adress and your insurance, from know on.

**Patient**

Mr./Mrs./child

<input type="text"/>		<input type="text"/>
surname	name	birthdate

**Adress**

<input type="text"/>		<input type="text"/>
street / number	postcode / city	
<input type="text"/>	<input type="text"/>	<input type="text"/>
call number – private	call number – business	mobil
<input type="text"/>		
email		

**Insured person**

(member)

<input type="text"/>		<input type="text"/>
surname	name	bitthdate

**Insurance Company**

<input type="text"/>		
<input type="checkbox"/> state health insurance	<input type="checkbox"/> private insurance	other: <input type="text"/>
<input type="checkbox"/> additional insurance-dental		

**Profession**

(member)

<input type="text"/>	<input type="text"/>
	employer

**Did you ever had or do you have one of the following diseases?** (please mark the appropriate box)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Osteoporosis            | <input type="checkbox"/> Heart attack         | <input type="checkbox"/> Hepatitis A/B/C |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Suffering from epilepsy | <input type="checkbox"/> Pacemaker            | <input type="checkbox"/> HIV             |
| <input type="checkbox"/> Thyroid diseases | <input type="checkbox"/> Rheumatism              | <input type="checkbox"/> Coagulation disorder | <input type="checkbox"/> Tuberculosis    |

Blood pressure  low  normal  high

Other diseases

Uncompatibilities with drugs or materials

Do you take regulary drugs?  yes  no which drugs?

Do you smoke?  yes  no

Are you pregnant?  yes  no  uncertain due date

**How did you become aware of us?**

With my signature i confirm that my details are complete and correct. I agree with the recording of my personal dates.

date

signature