

**Praxisklinik der Zahnheilkunde am Luisenhospital
Dr.med.dent. Martin Emmerich und Partner**

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Welcome to our surgery!
To take care of you in an optimal way,
we need some information:

Sheet of registration with medical history:

Name: _____ if your not member of you health
Insurance, who is the insured?
First name: _____ name: _____
Date of birth: _____ first name: _____
Address: _____ date of birth: _____
Phone private: _____ Cell phone: _____
E - mail: _____ @ _____
Profession: _____ Who should get the invoice?
Employer: _____ name: _____
address: _____
Phone at job: _____
Health insurance: _____ Are you abetment entitled from
Compulsorily insured? Yes No civil service? Yes No
Do you have an additional insurance for dental treatment? Yes No
How do you want to be reminded for your next prevention appointment?

by phone

1. Weekday: _____ from: _____ to: _____
2. Weekday: _____ from: _____ to: _____
3. Weekday: _____ from: _____ to: _____

by mail

We request you, in case of not keeping your appointment, to cancel at the latest 24 hours before your appointment. Otherwise the costs caused by your absence could be brought to account. (according to §615 BGB)

signature

city, date

Cardiac insufficiency / heart disease:	Yes	No
Cardiac infarction / stroke:	Yes	No
High blood pressure:	Yes	No
Low blood pressure:	Yes	No
Liver Disease:	Yes	No
Hepatitis B / C:	Yes	No
HIV positive / immune disease?	Yes	No
Gastrointestinal disease / Kidney disease:	Yes	No
Rheumatism:	Yes	No
Thyroid disease:	Yes	No
Migraine:	Yes	No
Cancer:	Yes	No
Glaucoma:	Yes	No
Prostate disease:	Yes	No

Any allergies on medicaments / matters ? Yes No
 If yes, which: _____
 Do you have an allergy pass? _____

Do you smoke? Yes No
 If yes, how many cigarettes per day? _____

Are you pregnant? Yes No
 If yes, week of pregnancy? _____

Have you been x-rayed? Yes No
 Last x-ray: _____
 Taken by: _____

General:

There are different payment options in our surgery:
 The invoice is sent to you by our business office "EOS" Yes No
 The invoice is paid directly after treatment cash or by
 EC - cash with 2 % cash-discount Yes No
 (For individual amounts to 100, - € no bills will be provided, please pay them directly after the treatment)

Our surgery offers only highest quality and there is no difference between compulsory and private insured patients. So there is a co-payment for compulsory insured patients for dental coloured fillings to the amount of 50-75 € per tooth, for radix-treatment to the amount of 60 € per radix.

I approve I answered the best of the knowledge.

first/surname

city, date