

**Dental Practice
Dr. Kurt Fleck
Dr. S.H. Höhn-Fleck
Wilhelm-Leuschner-Str.16
64347 Griesheim
06155-5716**

Wellcome to our Practice!

Dear Patient,

Different type of diseases can have an effect on your dental treatment.

For the treatment to be to your satisfaction and in line with your health condition, we would like you to reply to the following questions:

Please read carefully and fill out the following 5 pages

The information you are providing us with is kept according the German medical oath of secrecy STGB § 203 and will only serve one purpose: to treat you according to your health condition. Should you have any difficulty replying to those questions do not hesitate to ask, we will be happy to assist you.

Your practice team.

Please fill out and circle the correct answer.

Name of the Patient	First name	Date of birth	Place of birth
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Name of the insured person	First name	Date of birth
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Street address and house number	Post code /Town
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Home telephone n°	Cell phone n°
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Emailaddress

Profession	Work telephone n°
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Do you have a statutory healthcare (public) insurance **Yes** **No**

If yes, please specify which one ? _____

Do you have a supplementary Dental Insurance Yes No

Did you join voluntarily the statutory health insurance Yes No

For patient insured by the statutory health insurance: Please remember that we will require your insurance card before the treatment.

Should we not have your card within 14 days following the treatment, we will consider you as a private patient and we will invoice you accordingly. (Dentist fees for private patient will apply).

Do you have a private healthcare insurance* **Yes** **No**

If yes, please specify which one ? _____

Are you insured at the base rate Yes No

Do you have a limit factor Yes No

Do you get social help for your insurance Yes No

I agree that as a private patient* I, myself am a contracting partner with the practice, not my private healthcare insurance nor a paying agency. I will pay my dentist fees once I get the invoice and not when I get reimbursed by my private healthcare insurance or other paying agency.

For the past two years, have you been treated in a hospital or received a medical treatment ? **Yes** **No**

Do you take medication regularly? **Yes** **No**

If yes, which one ? _____

Do you take medication that prevent coagulation? **Yes** **No**

Which one ? ASS Marcumar
 Aspirin Ticlopidin
 Clopidogrel Plavix
 other : _____

Do you know of any medication that you do not tolerate? **Yes** **No**

If yes, which one _____

Do you have an Allergy Certificate? **Yes** **No**

Are you inclined to allergic reactions? **Yes** **No**

to certain materials _____

to certain medication _____

to certain type of food _____

Are you allergic to ? **Yes** **No**

Penicillin Iodine

Latex other _____

Did/Do you have a heart disease ? **Yes No**
 If yes, which one ? _____
 Innate or acquired Heart Failure? **Yes No**
 Heart valvular defect or a cardiac valve prosthesis? **Yes No**
 Endocarditis ? **Yes No**
 Heart operation? **Yes No**
 If yes, which one and when _____
 Do you have a pacemaker? **Yes No**

Did/do you suffer from one of the following diseases?

Infectious diseases? **Yes No**
 O Tuberculosis **O Aids**
 O Hepatitis Type _____ **O other _____**

Liver illness? **Yes No**
 High blood pressure? **Yes No**
 Low blood pressure? **Yes No**
 Stroke? **Yes No**
 Kidney disease? **Yes No**
 Diabetes? **Yes No**
 Gastrointestinal disease? **Yes No**
 Thyroid disease? **Yes No**
 Rheumatism/ rheumatic fever? **Yes No**
 Asthma/ Lung disease ? **Yes No**
 Blood disease ? **Yes No**
 Neurological illness ? **Yes No**
 Attack suffering (eg. Epilepsy)? **Yes No**

Other illnesses? _____

Name and address of your doctor _____

Did you have an operation in the last 12 months ? **Yes No**
 If yes, where _____

Other illnesses or impediments? **Yes No**
 If yes, which one _____

Ms. or Mrs. are you pregnant? **Yes No**
 If yes, for how many weeks _____

Do you smoke? **Yes No** - if yes, how many? _____

Do you drink alcohol regularly? **Yes No** - if yes, how much ? _____

Have you ever had an injury in the jaw/face area? **Yes No**

Have you tolerated injections from dentists up to now? **Yes No**

Have you ever had excessive bleeding (haemorrhage) after a tooth was removed?

Yes No

Have you ever had a dental treatment in relation to a general health condition ?

Yes No

When did you last have an X-ray ? _____
For part of the body? _____

Do you wish to be reminded for your regular dental checkups?	Yes	No
Do you wish to be informed about our extensive range of dental treatment?	Yes	No
Are you interested in our professional dental cleaning?	Yes	No
When did you last have a professional dental cleaning? _____	Yes	No
Do your gums bleed?	Yes	No
Do you suffer from sensitive teeth?	Yes	No
Do you clench or grind your teeth?	Yes	No
Do you suffer from neck or back pains?	Yes	No
Do you have a bad breath?	Yes	No

Note :

To avoid unnecessary waiting and for us to treat you effectively, we allow each patient a definite time depending on the treatment required. We therefore kindly ask you to be in our practice on time or if you need to cancel your appointment, to let us know 24 hours in advance. Should you forget, we will charge you for 50€

Clarification about the dental local anesthesia

The local anaesthesia works temporarily and stops sensation to prevent pain in the mouth, teeth, jaw and facial bones so that you can be treated comfortably and pain-free during decay removal and fillings, deep root cleaning or tooth extraction. This sensitive region of the body is mainly composed of trigeminal nerve (cranial nerves). To sedate, we use the local anaesthetic as close as possible to the nerve fibers (infiltration anesthesia), using the intraligamentary anesthesia method or we inject near one of the three main branches of the nerve (nerve block). Although local anesthesia is a safe method to sedate, incompatibilities of the used substances as well as complications cannot always be foreseen.

Following complications can occur:

Haematoma (Bruise): When a blood vessel is damaged blood leaks into the surrounding tissue. The injection can cause internal bleeding in one of the masseters (the muscles of mastication) and this can be painful or limit the ability to open the mouth; in rare cases it can also cause an infection. Should this occur, please tell your dentist who will treat you accordingly. As a rule there will be a complete recovery.

Nerve damage: When using nerve blocking, it very rarely can lead to an irritation of the nerve fibers. This could cause temporary or longer lasting numbness. This usually happens for the injections given in the lower jaw and it could affect the corresponding half of the tongue or lower jaw- or the lip region. There is no existing treatment; you have to wait till it goes. If the sensation of numbness is not gone after a maximum of 12 hours, please inform your dentist.

Safety: After you have received a local anaesthetic for a dental treatment, you may feel groggy and not able to concentrate well enough to operate machinery (such as a car) this is not so much caused by the medication itself but rather by the stress and the anxiety involved around the treatment. You should therefore avoid driving.

Self-injury: If the surrounding tissues other than the tooth (for ex.: the tongue, the cheeks or the lips) are still numb when you leave our practice, please do not absorb any food for as long as the numbness persist. As well as the danger of biting yourself, you could get burned or get a frost bite.

Consent to the dental local anaesthesia

- I have read and understood the above information. Any questions I had have been answered to my satisfaction
- I always wish to have a local anaesthesia before any treatment.
- I only wish to have a local anaesthesia before a very painful treatment.
- I never want to have a local anaesthesia.
- I wish to decide prior to each the treatment.

Is there anything else you wish to tell us? _____

I certify that I have answered the above questions correctly to the best of my knowledge.

Griesheim, (date) _____
Signature of the Patient / Or the person in charge

To be filled out by the dentist:

The following was discussed in particular/Insbesondere wurden folgende Punkte besprochen

Griesheim, (date) _____
Signature of the dentist