

Dr. Volker Ludwig  
TS: Implantologie BDIZ/ Prothetik  
Dr. Maria Brunner (aZä)  
Aileen Klinge (aZä)  
Dr. Ilona Strohmeyer (aZä)  
Dr. Vincent Mitzscherling (aZa)

Marco Zapf (aZa)  
TS: Endodontie  
Sibylle Grubert (aZä)  
Kristina Nirschl (aZä)  
Schwerpunkt: Kinderzahnheilkunde  
Jana Christner (aZä)  
Schwerpunkt: Kinderzahnheilkunde

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### Registration form

Patient: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Insured party: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone (private): \_\_\_\_\_  
Residence: \_\_\_\_\_ Telephone (work): \_\_\_\_\_  
E-Mail address: \_\_\_\_\_ Mobile no.: \_\_\_\_\_  
Health insurance: \_\_\_\_\_  
Do you have additional dental insurance? \_\_\_\_\_  
Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Do you require treatment just for the current complaint?  Yes |  No

Would you like to take part in our reminder service for health provision (recall)?  Yes |  No

Would you like particular advice on: \_\_\_\_\_ (please cross)

- Caries and periodontitis prophylaxis
- Tooth colored fillings
- Gold fillings
- Amalgam removal
- Implants
- Other therapies

How did you hear about us?

- Internet
- Advertisement
- Friends/ Relatives
- Referral

please turn >>>>

Opening hours: Monday – Thursday 8am - 20pm    Friday 8am – 18pm    Saturday 9am – 13pm

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We need the following information for your medical chart:

(As all personal information these are subject to medical confidentiality.  
 Please fill in this form, giving as much detail as possible.)

**General medical anamnesis:**

	Yes   No
1. Have you been in hospital or been treated by a doctor in the last year?	<input type="radio"/> <input type="radio"/>
2. Who is your GP? _____	
3. Have you taken regular medication in the last few weeks?	<input type="radio"/> <input type="radio"/>
If yes, which? _____	
4. Do you take/ have you taken bisphosphonates?	<input type="radio"/> <input type="radio"/>
(Medicine for osteoporosis or for cancer treatment)	
5. Do you bleed for a long time in small injuries?	<input type="radio"/> <input type="radio"/>
6. Have you ever had an unusual reaction to injections or medicine (e.g. penicillin)	<input type="radio"/> <input type="radio"/>
7. Do you suffer from asthma, hay fever or other allergies?	<input type="radio"/> <input type="radio"/>
If yes, which? _____	
8. Are you currently pregnant?	<input type="radio"/> <input type="radio"/>
If yes, in what week? _____	

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**Have you ever had:**

**Yes | No**

- |                                                                  |                       |                       |
|------------------------------------------------------------------|-----------------------|-----------------------|
| • Circulatory disorders?                                         | <input type="radio"/> | <input type="radio"/> |
| • Hear diseases?                                                 | <input type="radio"/> | <input type="radio"/> |
| • Endocarditis – prophylaxis (antibiosis)?                       | <input type="radio"/> | <input type="radio"/> |
| • Rheumatic fever, acute rheumatism?                             | <input type="radio"/> | <input type="radio"/> |
| • Rheumatic illnesses, illnesses of the joints?                  | <input type="radio"/> | <input type="radio"/> |
| • High blood pressure?                                           | <input type="radio"/> | <input type="radio"/> |
| • Low blood pressure?                                            | <input type="radio"/> | <input type="radio"/> |
| • Liver diseases?                                                | <input type="radio"/> | <input type="radio"/> |
| • Diabetes mellitus?                                             | <input type="radio"/> | <input type="radio"/> |
| • Respiratory diseases?                                          | <input type="radio"/> | <input type="radio"/> |
| • Kidney diseases?                                               | <input type="radio"/> | <input type="radio"/> |
| • Infectious diseases (TB, AIDS, Hepatitis A, B or C)?           | <input type="radio"/> | <input type="radio"/> |
| • Diseases of the thyroid?                                       | <input type="radio"/> | <input type="radio"/> |
| • Acute congestive glaucoma?                                     | <input type="radio"/> | <input type="radio"/> |
| • Fainting fits or seizures?                                     | <input type="radio"/> | <input type="radio"/> |
| • Do you take medication for thinning the blood (e.g. Marcumar)? | <input type="radio"/> | <input type="radio"/> |

Fürth, \_\_\_\_\_ Signature of patient \_\_\_\_\_  
 (If under 18 signature of a parent/guardian)

One further request: We are an appointments-only surgery. In order to offer you the greatest attention and to minimize waiting times, we adjust the organization of our practice according to the arranged appointment. If you would like to change or cancel an appointment, we kindly ask you to inform us 48 hours in advance. We reserve the right to charge you if you do not keep several appointments.

>>>NEW ADDITIONAL PARKING SPACES ON SAALFELDERSTR. DIRECTLY BEHIND THE PRACTISE<<<