

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 >>>>>

Zahnarztpraxis Dr. Ludwig und Kollegen MVZ GmbH

Geschäftsführer: Dr. med. dent. Volker Ludwig

Alte Reutstraße 172 * 90765 Fürth

Tel.: 0911-79 19 20 * Fax: 0911-97 91 29 29 * @: dr.ludwig@zahnarzt-ludwig.de

HRB 15302

www.zahnarzt-ludwig.de

Opening hours: Monday – Thursday 8am - 20pm

Friday 8am – 18pm

Saturday 9am – 13pm

ZAHNARZTPRAXIS
Dr. Ludwig und Kollegen

Dr. Volker Ludwig | TS: Implantologie BDIZ/ Prothetik * Dr. Bernadette Rosti (aZä)
Dr. David Kruzolek (aZa) * Dr. Miriam Bebenek (aZä) * Christian Köhler (aZa)
Dr. Maximilian Schwertner (aZa) * Dr. Sabine Autenrieth (aZä) * Dr. Sonja Ungvãri (aZä)
Dr. Franziska Zorzin (aZä)

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? Yes No
2. Who is your GP? _____
3. Have you taken regular medication in the last few weeks?
If yes, which? _____ Yes No
4. Do you take/ have you taken bisphosphonates?
(Medicine for osteoporosis or for cancer treatment) Yes No
5. Do you bleed for a long time in small injuries? Yes No
6. Have you ever had an unusual reaction to injections or medicine (e.g. penicillin) Yes No
7. Do you suffer from asthma, hay fever or other allergies?
If yes, which? _____ Yes No
8. Do you suffer from tinnitus (ringing in the ears)? Yes No
9. Do you suffer from CMD (Craniomandibular Dysfunction) / Dysfunction? Yes No
10. Are you currently pregnant?
If yes, in what week? _____ Yes No

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<u>Have you ever had:</u>	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.

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