

## WELCOME AT SMILE CLINIC

Please help us perform an individualized treatment by filling out this health questionnaire fully and conscientiously. Your information will be kept strictly confidential and is subject to medical confidentiality. Thank you for your cooperation!

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ academ. degree \_\_\_\_\_

Insurance: \_\_\_\_\_ Insurance Nr.: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street and City: \_\_\_\_\_ Country-Code: \_\_\_\_\_ Tel.private: \_\_\_\_\_

Employer: \_\_\_\_\_ Job: \_\_\_\_\_

**Tel.Mobil:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

### How did you find us?

Bus advertising  Radio advertising   
 Internet  Recommended by \_\_\_\_\_

### WHAT IS YOUR MAIN COMPLAINT?

dental check	gum problems	implant
advise/consultation	dental restoration	others: _____
pain	brace/regulation	
dental prostheses	prophylaxis	

Are you unsatisfied with the look of your front teeth? Yes No If yes, why? \_\_\_\_\_

When was your last dental treatment? \_\_\_\_\_ What has been performed? \_\_\_\_\_

Are you interested in a professional teeth cleaning?	Yes	No
Are you suffering from halitosis?	Yes	No
Do you have a pacemaker?	Yes	No
Is there a possibility of pregnancy? (female patients only)	Yes	No
Did you have unusual reactions to medication?	Yes	No
Do you suffer from allergies?	Yes	No
	if yes, which kind? _____	
Are you on regular medication?	Yes	No
Do you smoke?	Yes	No

### WHICH FOLLOWING DISEASES DID OR DO YOU HAVE?

jaundice (infectious Hepatitis)	<b>HIV positiv/ AIDS</b>
high blood pressure (Hypertonie)	heart disease
diabetes	seizures (epilepsy)
Asthma / hay fever	glaucoma
<b>STDs</b>	tuberculosis
bleeding disorder	others: _____

Please note to cancel appointments at **least 24 hours** in advance otherwise 140€ will be charged on a missed appointment. In case of receiving injections please be aware of a limited ability to drive. Changes in any items listed above, shall be updated in your own interest .

Salzburg, on the .....

signature .....



## Costs information for first examination

Name: \_\_\_\_\_

Insurance-number: \_\_\_\_\_

### first examination

*EUR 25,00*

detailed examination, diagnosis of caries,  
first therapy options,  
further consultation per unit time (10min) € 19, -

### Panoramic x-ray image

*EUR 45,00*

large x-ray image examination of the upper jaw and lower jaw  
(processed to exclude chronic inflammation and bone cysts)

### Caries X-ray (right / left)

*EUR 15,00*

for the diagnosis / exclusion of interdental caries

With my signature or signature of parent or guardian, I explicitly agree to this treatment concept.

Salzburg, on the:.....

signature:.....