

WELCOME AT SMILE CLINIC

Welcome to our practice. We are always about to offer you the best possible dental treatment. As you know, dentistry is overlapping other medical disciplines. Therefore, it is needful to your own security to fill out this form thoroughly and truthfully. Your personal data is carefully kept secret to the public. We handle everything responsible and add this form to your patient-register. Thank you for your cooperation!

Surname: _____ First name: _____ Academ. degree: _____
 Insurance: _____ Insurance Nr.: _____ Date of birth: _____
 Address: _____
 Profession: _____ Company: _____ Phone-No: _____
 Mobile Phone: _____ E-Mail: _____

In case the owner of your insurance is someone else than you, please tell us the following details about this person:

Surname: _____ First name: _____ Academ. degree: _____
 Insurance: _____ Insurance Nr.: _____ Date of birth: _____
 Address: _____

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) | <input type="checkbox"/> | HIV positiv/ AIDS | <input type="checkbox"/> |
| high blood pressure (Hypertonie) | <input type="checkbox"/> | heart disease | <input type="checkbox"/> |
| diabetes | <input type="checkbox"/> | seizures (epilepsy) | <input type="checkbox"/> |
| Asthma / hay fever | <input type="checkbox"/> | glaucoma | <input type="checkbox"/> |
| STDs | <input type="checkbox"/> | tuberculosis | <input type="checkbox"/> |
| bleeding disorder | <input type="checkbox"/> | others: _____ | |

General Questions

We offer a free recall service to inform our patients about the half-yearly dental check-up by email.

Are you interested? Yes No

If needed, would you like to be treated painlessly? Yes No

Are you interested in a professional dental cleaning (prophylaxis)? Yes No

Photographs of your teeth will be passed on to our dental technician if required! I agree that pictures of the oral and dental situation taken by me may be further processed. Yes No

Would you like to receive our newsletter by email? Yes No

Obtaining a credit report? Yes No

CLARIFICATION OF COSTS

Initial examination EUR 26,00

Detailed examination, caries diagnosis, Paro-screening, therapy consultation.

Consultation per additional time unit 10min € 19, -

Panoramic X-ray EUR 47,00

large X-ray image for examination of the upper and lower jaw

Single X-ray each EUR 16,00

for diagnostics / of interdental caries

Orthodontic examination EUR 31,00

Advice on the need for orthodontic treatment

Please note to cancel appointments at **least 24 hours** in advance otherwise 191€ 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 _____