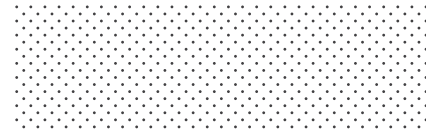




Zahnarztpraxis  
Borgmann.



## About You

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
City

\_\_\_\_\_  
E-Mail (private)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mobile

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
General Practitioner

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## What type of health insurance do you have?

Statutory

Private

Supplementary dental insurance

\_\_\_\_\_  
Health insurance company

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## Your last Treatment

With which dentist was your last dental appointment? \_\_\_\_\_

When was the last time X-ray images of the area around your head were taken? \_\_\_\_\_

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## How did you find us?

Recommendation

Internet

Facebook

Other \_\_\_\_\_

## Your Health

<p><b>General illnesses:</b></p> <p>High blood pressure</p> <p>Low blood pressure</p> <p>Bleeding disorders</p> <p>Stroke</p> <p>Diabetes</p> <p>Asthma</p> <p>Cardiac disease</p> <p>&gt; If so, which ones?</p> <hr/> <p>Thyroid disease</p> <hr/> <p>Rheumatism</p> <p>Allergies</p> <p>If so, which?</p> <hr/>	<p>Yes No</p>	<p><b>Other illnesses:</b></p> <hr/> <hr/> <hr/> <hr/> <p><b>Infectious diseases:</b></p> <p>HIV</p> <p>Hepatitis</p> <p>Other:</p> <hr/> <hr/> <p><b>Do you smoke?</b></p> <p>&gt; If so, how much?</p> <hr/> <hr/>	<p>Yes No</p>	<p><b>For female patients:</b></p> <p>Do you take birth control pills?</p> <p>Are you pregnant?</p> <p>&gt; If so, how many weeks?</p> <hr/> <p><b>Do you take medication?</b></p> <p>If so, which ones?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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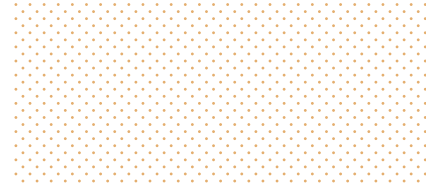
## What brings you to our office?

<p>CAD/CAM ceramics</p> <p>Preventive check-up</p> <p>Dentures</p> <p>Do you clench or grind your teeth?</p> <p>Do you suffer from issues with the gums? Bleeding during brushing? Receding gums?</p> <p>Do you suffer from bad breath or an unpleasant taste in your mouth?</p> <p>Are you satisfied with the color, position, and shape of your teeth?</p> <p>Have your teeth been cleaned professionally at least twice a year?</p> <p>Would you like to sign up for our automated reminder service to help you practice preventive care?</p> <p>Send me reminders via:    SMS            E-Mail            Mail</p>	<p>Tooth preservation</p> <p>Professional prophylaxis</p>	<p>Implantology</p> <p>Second opinion</p>	<p>Yes No</p>
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Place, Date	Signature Patient	Signature Practitioner
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Zahnarztpraxis  
Borgmann.



## Consent to Reminder Service for Appointments and / or Preventive Measures

Dear Patients,

In accordance with new data protection guidelines, we would like to inform you that with your consent, we can continue our appointment reminders via text message, phone, mail or e-mail. For this, we kindly ask you to grant us your permission using the following form.

This service will be used explicitly for appointment reminders and/or reminders of preventive care, as well as for the scheduling of appointments over the phone with our office's computer system. The submitted information will neither be released to another entity, nor used for promotional purposes.

You can withdraw your permission to use these data at any time should you no longer wish to participate in our reminder service.

Should you prefer reminders via text message, we would like to inform you that our messages are sent to your phone unencrypted and thus are at risk of being read by third parties under certain circumstances.

To ensure that our messages are always sent to the right recipient, please inform us immediately if your telephone number, address or e-mail address has changed.

Patient's Name \_\_\_\_\_ Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

I hereby agree to the use of my contact details for the abovementioned service:

Cologne, \_\_\_\_\_ Patient Signature \_\_\_\_\_

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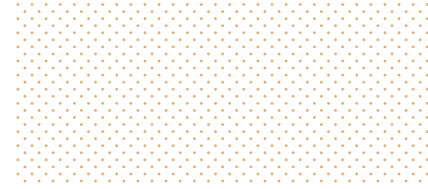
**Zahnarztpraxis Borgmann**

Kirchweg 91-93 / 50858 Köln / T. 0221.482 800 / F. 0221.48 568 076  
kontakt@zahnarztpraxis-borgmann.de

[www.zahnarztpraxis-borgmann.de](http://www.zahnarztpraxis-borgmann.de)



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## Declaration of Consent

Today, I am visiting Zahnarztpraxis Borgmann for the first time for a dental treatment during office hours. I hereby agree to the saving of the contact details necessary for my treatment into the office's computer system.

Only the minimum amount of data necessary will be saved and used exclusively for the purpose of offering treatment.

### The following information is collected:

- Personal information such as first name, last name, date of birth, address, health insurance company
- Contact information such as phone number or e-mail address, should you wish to be notified about an upcoming appointment
- Billing information for the invoice of a specific treatment, either for you or your health insurance company
- Results and prescriptions
- X-ray images
- And other data necessary for the production of a dental prosthesis

Only the employees in our office, who have signed a confidentiality agreement in accordance with the E.U. General Data Protection Regulation (GDPR), have access to your information.

We will only pass on your information to third parties insofar as statutory provisions legally oblige us to do so.

### This could include:

- Transmission to Associations of Statutory Health Insurance Physicians
- Transmission to auditing agencies
- Transmission to health insurance companies
- Transmission to health insurance medical services

### Other obligations to the transmission of personal data may ensue due to:

- The Infection Protection Act (§§ 6 ff. IfSG)
- Cancer registry laws of certain states
- German X-ray Regulations
- German Radiation Protection Ordinance

Should we charge you directly for a treatment (as a privately insured patient or for a treatment that is not covered by your statutory health insurance), we will transfer the personal information necessary for the invoice to our central clearing center. Should we need to send your information to any other entity, we require your written consent to do so.

We advise you that you have the right to access any of your information that has been saved by our office. You have the right to correct falsely entered information and can request a deletion of such. We are legally obliged, however, to store patient files for at least ten years after the last visit.

Should you have Questions regarding your compiled data, you can contact us at any time. Your right to data protection is protected by the Hessian Commissioner for Data Protection and Freedom of Information, reachable at:

Landesbeauftragte für Datenschutz und Informationsfreiheit  
Helga Block, Kavalleriestr. 2-4, 40213 Düsseldorf  
Phone: 0211-38424-0, E-Mail: poststelle@ldi.nrw.de

I hereby declare that I have read and understood the text above. My consent is willfully granted.

Patient's Name \_\_\_\_\_ Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Cologne, \_\_\_\_\_ Patient Signature \_\_\_\_\_

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### Zahnarztpraxis Borgmann

Kirchweg 91-93 / 50858 Köln / T. 0221.482 800 / F. 0221.48 568 076  
kontakt@zahnarztpraxis-borgmann.de