



Dr. Ulrich Konter
Dr. Imke Konter
Dr. Dr. Stefan Kanehl

Private Office for
Maxillofacial Surgery
and Implant Dentistry

Dear Patient,
We warmly welcome you to our practice!

Before we can start a consultation or treatment, not only do we need your personal data, but also information about your general health status. This is important for an adequate and risk-free treatment. Of course, all data are subject to medical confidentiality.

Dr. Ulrich Konter, Dr. Imke Konter and Dr. Dr. Stefan Kanehl

Last name	
First/middle name(s)	Date of birth:
Insurance member (e.g. parents)	
Street name	Street no.
Postal code	City/Town
Phone no.: cellular	
Phone no.: private	Phone no.: business
E-mail address	
Profession	
Health insurance	
Are you currently undergoing medical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, because of which condition?	
My dentist is	
I regularly take the following medicine(s)	
Smoker:	<input type="checkbox"/> Non-smoker <input type="checkbox"/> < 10 cigarettes per day <input type="checkbox"/> > 10 cigarettes per day

Please turn...

Allergies

Heart diseases

Other

Coagulation-inhibiting medicines: Marcumar Aspirin (ASS) Iscover / Plavix None

Blood pressure: normal low high, approx.

Metabolic diseases:

Diabetes Yes No

...of the thyroid Yes No

...of the bones Yes No

Gastro-intestinal diseases: No

Infectious diseases:

Hepatitis/jaundice A B C No

AIDS/HIV Yes No

Herewith I certify the correctness of the aforementioned information provided by me. I have been informed that I will receive a private invoice, as this practice cannot bill governmental health insurances for dental or other treatments. I have been informed that I will have to pay for reservations and appointments I failed to cancel in a timely manner (at least 24 h before start of scheduled treatment).

Date

Patient signature