Zahnarzt
Wolfgang Lüder

Welcome to our Practice

Please fill up this form. We are Happy to help you with any Questions.

Patient: Name	Firstname	Date of Birth/Birthplace	Occupation

Address	Postalcode/town	Telephone/Mobile Number

Insurant: Name	Date of Birth	Mobile Number

Health Insurance company

Private insurance company

Do you have a voluntary Insurance company? yes ☐ no ☐

Do you have an additional Insurance? yes ☐ no ☐

Medical anamnesis

Have you, or have you had any of this following illnesses?

	yes	no
• Heart or circulatory problems/disease		
• Infectious diseases		
• Glaucoma		
• Weak Immunsystem HIV		
• Liver/Kidney diseases		
• Stomach/bowel diseases		
• Herpes Labialis		
• Diabetes		
• Thyroid gland		
• Rheumatism		
• Epilepsy		
• Osteoporosis		
• Hemophilia		
• Bronchial asthma		

	yes	no
Do you have Pacemaker?		
Do you have an organ Transplant?		
Do you have an artificial heart valve?		
Do you have any Allergy?		
If yes, what are you allergic to?		

_____

Are you taking any medication at present?		
If yes, please write down what kind of medications?		

_____

For Women: Are you Pregnant?		

Dental Anamnesis

How can we help you? _____
Who gave you the recommendation? _____
Please write the name of your Family Doctor/Dentist _____
When is you last Dental treatment? _____
Do you have Dentures? If yes, how old? _____
Are you having trouble with them at present? _____

	yes	no
Do you smoke?		
Do you have severe gag reflex?		
Have you noticed any bleeding of the gums?		
Do you find any food particles lodge easily between your teeth?		
Are you satisfied with the general look of your teeth?		
Are you satisfied with your ability to chew?		
Have you had treatment for periodontosis before?		
Have you had treatment which involved wearing braces?		
Would you like to be reminded of the yearly Medical check-up?		

We are able to offer advice on:

- Oral hygiene
- Bleaching
- Nutritional counseling
- Ceramic fillings
- Gold fillings
- Tooth implants

Please give 24 hrs notice if an appointment cannot be kept. Otherwise it will be charged to your Account.

Date and Signature