
 surname, first name _____
 date of birth

 surname, first name of the insured person (if different from) _____
 date of birth

 street/ no. (where you normally and where you are currently living at) _____
 postal code/ place

 mobile no. _____
 Email

 health insurance private insurance Postbeamte A / B Basistarif Beihilfe Zusatzversicherung

 profession employer _____
 family doctor

Do you suffer from any of those illnesses? **yes no** **additional information**

- 1. Heart disease or circulation disorders
- 2. Infectious disease (e.g. hepatitis, AIDS, HIV, tuberculosis)
- 3. Inner diseases (e.g. diabetes, coagulopathy)
- 4. Allergies (even pharmaceuticals)
- 5. Do you take any pharmaceuticals currently? (which ones?)
- 6. Other illnesses

- 7. Are you pregnant?
- 8. Are you satisfied with the colour of your teeth?
- 9. Do you smoke? yes, how many cigarettes per day?
- 10. Do you have a „Bonusheft“?
- 11. Do you have a family doctor? Name:.....
- 13. How did you take notice of AllDent?

I expressly agree with: 1. Storage of my data and transfer to third parties for the fulfillment of the treatment contract and the billing of services (for details see notice in the waiting room and www.alldent.de). 2. Duty to notify if the data is changed. 3. Cancellation fee of € 100 will be charged, - for missed appointments or appointments that have not been cancelled at least 24h beforehand 4. Terms and Conditions of Basic / Postal / Travel or Emergency Insurance are not accepted. There is a free calculation according to the fee schedule for dentists. 5. Video surveillance in the reception / hall area. 6. Reminder of annual check-ups. 7. Sending emails to improve our service via sendinblue (based on standard contractual clauses). You can find more detailed information in our privacy policy.

 date signature