



Dr. Burger & Partner
Zahnmedizinisches Institut

Registration

Last name					
First name		Title			
Birth date					
Insurance number					
Street, house number					
Country, ZIP, city					
Mobile phone number					
E-mail					
Private phone number		Company phone number			
Employer					
Job					
Health insurance		<input type="radio"/> GKK	<input type="radio"/> SVA	<input type="radio"/> BVA	<input type="radio"/> Bauern
		<input type="radio"/> ÖBB	<input type="radio"/> Private, which one?		
Additional dental insurance		<input type="radio"/> Yes	<input type="radio"/> No		
Your family doctor					
Insured by (only fill in if you are co-insured with someone)					
Last name					
First name		Title			
Birth date					
Insurance number					
How did you find us?		<input type="radio"/> Recommendation	<input type="radio"/> Internet	<input type="radio"/> Phone book	
		<input type="radio"/>			

To ensure risk-free treatment, careful answers to the medical history are of great importance to us.
All information is subject to medical confidentiality and data protection and will be treated as strictly confidential by us.

Health questionnaire

Do you take medication on a regular basis?	<input type="radio"/> Yes <input type="radio"/> No
Which one?	
Current pregnancy / month?	<input type="radio"/> Yes <input type="radio"/> No
Hepatitis (jaundice)	<input type="radio"/> Yes <input type="radio"/> No
HIV (AIDS)	<input type="radio"/> Yes <input type="radio"/> No
Other infectious diseases?	<input type="radio"/> Yes <input type="radio"/> No
High / low blood pressure / circulatory problems (cross out the inapplicable)	<input type="radio"/> Yes <input type="radio"/> No
Heart problems / pacemaker / heart valve replacement / ICD	<input type="radio"/> Yes <input type="radio"/> No
Hemophiliacs / blood thinning	<input type="radio"/> Yes <input type="radio"/> No
Diabetes mellitus	<input type="radio"/> Yes <input type="radio"/> No
Kidney disease	<input type="radio"/> Yes <input type="radio"/> No
Nerve disease	<input type="radio"/> Yes <input type="radio"/> No
Epilepsy (seizure disorder)	<input type="radio"/> Yes <input type="radio"/> No
Arthritis / rheumatic disease	<input type="radio"/> Yes <input type="radio"/> No
Other diseases? e.g. osteoporosis, multiple sclerosis (MS)	<input type="radio"/> Yes <input type="radio"/> No
Bisphosphonates / immunotherapy (monoclonal antibodies)	<input type="radio"/> Yes <input type="radio"/> No
Gastrointestinal complaints	<input type="radio"/> Yes <input type="radio"/> No
Intolerances / allergies	<input type="radio"/> Yes <input type="radio"/> No
– Local anesthetics (anesthesia), which ones?	
– Painkillers (ibuprofen, paracetamol, ...), which ones?	
– Antibiotics (penicillin, ...), which ones?	
– Allergies (food, hay fever, etc.), which ones?	
Have you had any major operations?	<input type="radio"/> Yes <input type="radio"/> No
Which ones?	
Chemotherapy / radiation	<input type="radio"/> Yes <input type="radio"/> No
Do you smoke?	<input type="radio"/> Yes <input type="radio"/> No

You can find out all information about our approach to data protection at www.drburger.at/datenschutz or by email datenschutz@drburger.at.

If you are unable to attend, we ask that you cancel in good time! (at least 24 hours in advance) We would like to point out that you will be charged for appointments that are not canceled in a timely manner.

With my signature, I confirm the completeness and accuracy of my information above and agree to the storage and appropriate use of my personal data in practice.

Feldkirch is bindingly agreed as the place of payment and fulfillment for both parties. All medical fees must be paid in Feldkirch. At the same time, both sides agree on the jurisdiction of the courts in 6800 Feldkirch (A), i.e. Feldkirch as the place of jurisdiction.

Date, signature

Dr. Burger & Partner