Admission Form

Dear Patient. Welcome to our practice Kurfürstendamm 213. Please fill in this questionnaire in full, so that we can treat you as good as possible, and to get hold of you if need be. We have several surgeons working in these working premises. Please let us know to whom you have been referred to.

☐ Dr. med. Uwe Sander
☐ Dr. Eva-K. Essig MSc.
☐ Dr. Dr. Anthofer & Dr. Dr. Jaresch

..... Name	..... Surname	..... Date of birth
..... Postcode/ City	..... Street	..... Street No.
..... Telephone private / Mobile	..... Telephone Work	..... E-Mail
..... Employer	..... Proffession	
..... Referring Doctor/Dentist	..... Name, Surname, Date of Birth of the Insured	
..... Medical Insurance		

Please take care to answer the questions below as accurate as possible. Your data will be treated confidentially.

Do you/did you suffer from any of the conditions listed below?

Do you tend to faint ☐ yes ☐ no
Blood pressure ☐ normal ☐ low ☐ high
Heart condition/bypass ☐ yes ☐ no
Other?.....
Bleeding ☐ yes ☐ no
(Medication: Warfarin? Heparin? Aspirin? etc.)
Infectious disease: HIV ☐ yes ☐ no
Hepatitis ☐ yes ☐ no ☐ A ☐ B ☐ C ☐ other

Diabetes ☐ yes ☐ no
Thyroid disease ☐ yes ☐ no
Lung condition/Breathing problems ☐ yes ☐ no
Liver condition ☐ yes ☐ no
Kidney condition ☐ yes ☐ no
Condition of nervus system ☐ yes ☐ no
Epilepsie/Stroke ☐ yes ☐ no
Keloid or hypertrophic or pigmented scarring ☐ yes ☐ no

Any other medical conditions? .....

Are you currenty under any medical or surgical treatment? ☐ no ☐ yes, because of .....

Name of your treating doctor/surgeon? .....

Do you take any medication? ☐ no ☐ yes, which kind .....

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Do you know of any allergies you might have? ☐ no ☐ yes, to .....

.....

Other allergies: .....

Are you/ have you been treated for osteoporosis (Bisphosphonate*) ☐ yes ☐ no
(*Zometa, Aredia, Bonviva, Bondronat, Fosamax, Fosavance, Skelid, Bonefos, Didronel, Diphos,…)
Did you have any x-rays of your jaws/ teeth taken in the past 12 months? ☐ yes ☐ no

Are you pregnant? ☐ yes ☐ no
Do you smoke? ☐ yes ☐ no

If for some reason you are not able to keep your appointment with us, please cancel it as soon as possible. We reserve the right to charge patients who do not cancel their appointments with us. Post local or general anaesthesia you are not allowed to drive.

Failure to pay our in voices will results in additional legal cost and should be avoided.

..... Date

..... signature